MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 30

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above pisce of death? 2 424	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where don't hoccurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Levaldine	Ch las 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
of. W. Single	20. DATE DE DEATH AND SELECT 1 1 SCH 1947 at SA
6.(ô) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Johnand 12 3th 193 2	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Acute Cardine Failure DURATION
9. Birthplace Balton ore med. (Town, county, and spate)	Due to Valsular heart disease
10. Usual occupation which to thirl	Due to Alumbia feart
11. Industry or business	
12. Name 12.	Dther conditions
14. Malden name Ballatiere Wicker 15. Birtholace Bala Interve Ind.	(Include pregnancy within 8 months of death) Major findings ol operations
2 15. Birthplace 162 a College Mg	Date of op.
16. Informant Mer Your College	Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address 20 7 W. Carry St.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (does) (daes) (seer)	Accident, suicide, or homicide
Cemetery or crematory Jandon Turk Lun	Where did injury occur?
Location 380 1 Thieseure Coe	Injured at home, farm, industry, public place (where?)
18. Funeral director. It has I to a the offer	Meaoa of tnjury Injured at work?
Address C/0/1-0 30 Holling of	In Minton Eulen Male
19. 9/12 19X7 Ale Hadrieli	23. SIGNATURE M. D. or ether M. D. or ether
19. (Date reckl by registrar)	Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

orre, age

I	ally imp
VS A15 9.45-15M	PLEASE WRITE PLAIN

Evidence for the ch	lange	of				
birthplace is shown	on	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
/ Film G113			2411 N CI	harlas St. Baltimos		117

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE	EATH: ltimore			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of the state of th	F DECEASED:
County				Inknown	s, write RURAL and give nearest town)
3.(a) FULL NAM Bakie.	E Sarah Jane				3. (b) Social Security Number
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White	Wid	lowed		9 19 47 at 4:55 p
			cio (docoased) () If alive, give ageyears	and that i last saw h. Gralive on Sept.	28 to September 29, 47 ember 29, 18 47
8. AGE: Year 7.3	s Months	Days	It less than one day	Immediata cause of death.	DUNATION
tt. Industry or busines H 12. Name	Unknown . SS Unknown Unknown .	•		Due to	
E 15. Birthpiace				Major magnaga or operations.	
	tonsville,	Maryla	0 / / ///	PHYSICIAN: Please underline the cause to whi	ich death should he charged statistically.
Location Location Address Location	ligate	City	(month) (ony) (year)	Accident, suicide, or homicide	(County) (State) iere?) Injured at work?

OCT 7 1947 BUREAU V.S.

PY SENT TO LOCK REGISTRAP TO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 3

	Reg. Diat. No.
1. PLAGE OF DEATH County Das To	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
2 - :00 - 3-1	7
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 5	City or town
Nospital, institution, or street address where death occurred:	(11 beddies city of town limits, write BORAL and give nearest town)
Jones Lave	Street, Ro. (If rural, give LOGATION)
Now long in hospital or institution?	
3. (g) FULL NAME	
Boy allen Barkley	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
on un marion.	8 hatel 1/2 1/-4
m a p m	20. DATE OF DEATH.
(b) Name of husband or wife Deckart Star Plan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ago 3 4 see	19
. Birth date of	and that t last saw halire on
deceased (mo., day, yr.) AGE: Years Months Days If less than one day	Immediate cause of death
. AGE: Years Months Days If less than one day	01 0 4
36 V 17hrs	
Birthpiace W	the 1
(Town, conty, and state)	
D. Usual occupation.	
1. Industry or business Puis 0	Due to
3/	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Editable The The Transcention of the Transcention	1Kg
15. Birthplace a CV Va n	Major findings af operations.
The P- Pilling the	Date of op,
, Informant	Aulepsy results.
Address outers dans	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busial Date thereof 9/14/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Claude Constant	Where did injury occur? (City or town) (County) (State)
Location Caso W Va	injured at harde, Jame, Industrys public place (where?)
En Sni Mi	Means of injur flamself with Julijured at work?
8. Funeral director of the same of the sam	Minimum of milants
Address Catousville Md.	97 BN. 11 Ray
9 " (1 > 0 - 1)	23. SIGNATURE 2007
1 TO THE	AM, D, or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY, is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07737 Rog. Dist. No. 38

1. PLACE OF DEATH: BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
MOMOON	State
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Bospital, Institution, or street address where death occurred: SHEPPARD AND ENOCH PRATT HOSPITAL	Street No. P.O. Box 146
How long to hospital or institution? SINCE Feb. 17, 1945	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
LEE RICHIE BONNEWITZ	
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WhiTE Widowed	20. DATE OF DEATH SepT 37 19 47 at 2 2 pm
8.(b) Name of husband or wife NEILLE TOWEY	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Feb. 17 1945 to Sept. 67 1947
7. Birth date of	and that I last saw h/Malivo on Se.p.T
deceased (mo., day, yr.) April 21, 1867	Immediate cause of death
8. AGE: Years Mouths Days If less than one day	
80 5 26brsmin.	5
8. Birthplace CONYOY, VAN WERT COUNTY, OHIO	Bue to Chronic Myocarditis and
(Town, county, and state)	MYDCZ-diz de JENEYATION
10. Usual occupation FARMER	Ove to Deneralized Exteriosclerasis
11. Industry or business Seed and Corn business	
	Other paditions Serile Psychosia (10/3/47 9.5)
12. Name DAY. 1 RHOLES BONNEWITZ. 13. Birthplace PENNA.	3,000
	(Include pregnancy within 8 months of death)
	Major findings of operations
	Date of op
16. totormant HOSPITAL RECORDS (Shippand - Proff)	Antopsy results
Address Towson Ballo. Co. Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
8. 1 11+1010em	22. V10LENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Dale thereot. (South) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Woodland	Where did injury occur?
Location Van West Chia	Injured at home, farm, industry, public place (where?)
18. Funeral director . Larry H Tritzhe fr	Means of fojury lojured at work?
Address 4101 Edwardson day	mrlein.
19. 9/28 1847 9.M. Bacon.	23. SIGNATURE W. W. Elgin, M. D. M. D. or other
19. (Dago rec'd by registrar) 19. The Registrar	Address To ws 6h 4, Md. Date signed Se p127, 194

WINDSHIP OF THE PERSON OF THE

BULLAL GOSTIFICATION

THE REPORT OF THE PERSON NAMED IN COLUMN 2 ASSESSMENT OF THE PERSON

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SEP 30 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

					2008. 2010. 2100.	
1. PLACE OF D	Poltimor	20		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
City or town(If	Dalatons	4		State Maryland County Baltimore City or town Reisters to Wn (If outside city or town limits, write RURAL and give nearest town) Street No. Oakland Mills Road (If rural, give LOCATION)		
Hospital, institution,	or street address where d	leath occurred	URAL and give nearest town) S 1 sterstown Md			
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		na Vau	ghn Bowers		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		RTIFICATION 2 19 7 at 3 4	
6.(b) Name of husban 7. Birth date of deceased (mo., day		6.(c	hington Bowers Olf alive, give ageyears er 23 1869	21. I CERTIFY that death occurred on the date above 19	to 22 19 DURATION	
8. AGE: Yea 7		Days 30	If less than one dayhrs. min.	Circles M	removing 3 day	
	Hous	county, and s		Due to. Due to.	eliso	
	Tohn P V	aughn		Dther conditions.		
	Balto Co	Md		Fractured	yp - 1943	
	Marga: Balto	ret Pa		(Include pregnancy within 3 m		
					Date of op.	
10. Informant	iss Jetta eistersto		Route 2 Box127	PHYSICIAN: Please underline the cause to wh		
17B	urial	Date there	Sept 24 194 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema	atoryWar	ds Cha	apel Cemetery	Where did injury occur?(City or town)	(County) (State)	
Location		brook		tnjured at home, farm, tndustry, public place (wh		
18. Funeral director	Wm Berr	yman 8	k Sons	Means of Injury	Injured at work?	
Address	Reister		Md	23. SIGNATURE THE STATE OF THE	Safel	
19. Sept	- 23-19 47	<u>w</u>	any SELive. Registrar	Address Custees 182	Dother Date signed 23/V	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. 9-45-15M PLEASE VS A15



ally. The correct age and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Diat. No...

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(if outside city or town limits, write RURAL and give nearest	
How long in above place of death? 1 yr. 7 mos. 6 days	
Hospitat, Institution, or street address where death occurred: Spring Grove State Hospital	Street No. 5496 First Ave.
How long to hospitat or institution? 1 yr. 7 mos. 6 days	./
3. (a) FULL NAME	3. (b) Social Security Number
BRADY, Samuel Bernard	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. September 3 19 47 at 3:35 M
6.(b) Name of husband or wife. Ida De Vaughn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h.i.m. alive on Sept. 3
deceased (mo., day, yr.) July 11, 1867	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cachexia indefinit
80 1 23hrs.	min,
9. Birthplace Queen Anne, Pr. Geo. Co., Md.	Due to Chronic hypertensive cardio-
10. Usual occupation Court Crier	vascular disease "
11. Industry or business Court	Que to
11. Housely or business Godf o	
12. Name duse prince Geo. Co., Md/	Other conditions
13. Birthptace Prince Geo. Co., Mad/	(Include pregnancy within 3 months of death)
14. Maiden name Martha Ward	Major findings ol operations
\$ 15. Birthplace Prince Geo. Co., Md.	Date of op.
14. Malden name Martha Ward 15. Birthplace Prince Geo. Co., Md. 18. Informant XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	oord Adony results None
Address NAMEXEX MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
10 11 -11	22 VIOLENCE: It death was due to external causes, fitt in the following:
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory Leof w/s (2) & th	Where did injury occur? (City or town) (County) (State)
Location The Land of the Location of the Location	
21/87/1	
16. Funeral director	Dayley duck
Address I fell of Man College	23. SIGNATURE Isadore Tuerk, M.D.
19. Sell (Coate rec'd by registrar)	Registrar Address Catonsville- 28, Maryland 9-3-47

SEP 15 1947
BUREAU C 8

Catonsville-28, Md. Date signed 9-8-47

MARYLAND STATE DEPARTMENT OF HEALTH

7			2411 N. Cha	rlea St., Baltimore			
			CERTIFICA	TE OF DEATH Reg. Dis	st. No. 34	۵	
1. PLACE OF DE	ATH: Bal	timore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			RURAL and give nearest town)	State Maryland County			
Hospital, Instilution, or	street address where	death occurre	months, 2 days d: spital	City or town			
			l months, 2 days	(If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAMI	Mary B	rottmar	1	3. (b) Social	I Security N	lumber	
4. Ses	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICAT	'ION		
female	white		separated	20. DATE OF DEATHSeptember6	. 19.4.7	at 1:40	
			ttman	October 4 to 45 to Se			
7. Birth date of deceased (mo., day, y	7000	6.(c) If alive, give ageyear	and that I last saw h	er6	194.	
8. AGE: Years 48	Months	Days	If less than ons dayhrsmin	Immediate cause of death Carcinoma uterus with me		duration is- 18 1	
9. Birthplace	Russia	county, and	atate)	Due to Hypertensive cardiovascu		***************************************	
1D. Usual occupation	None					.years	
11. Industry or business	Warra Company			Due to		•,••••••	
12. Name		Poitne	3 1	Other conditions		***************************************	
13. Birthplace	Kussia						
14. Maiden name	Beckie	- ?			(Include pregnancy within 8 months of death)		
15. Birthplace Kussia				Major findings of operations.			
16. Informant Hospital records				Autopsy results			
17. Burnel, cremation,	val	Ate ther	eol. 9-9-47 month (day) (year)	22. VIOLENCE: If death was due to external causes, flil in the follo Accident, suicide, or homicide	ite of		
Cemetery or cremator	18-11	1000	. XL				
Location	1000		7 /200	Injured at home, farm, Industry, public place (where?)			
18. Fdneral director	ray .	Leen	Porto	Grade Just	- Daniel		
Address AG	0 600	Jus	1 States	23. SIGNATURE Isadore Tuerk, M.D.			

Registrar | Address

MARGIN RESERVED FOR BINDING

19. (Date rec'd by registrar)

SEP 15 1947 BURKAU T 8 EVED FOR BINDING

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MARGIN	
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15 9.45-15M	
VS A)	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No ..

1. PLACE OF DEATH: Dounty BALTIMORE CUUNTY City or town. HALETHORPE, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospitat or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
CLIVE THEODORE E	ROWN MEDICAL CERTIFICATION
M W MARRIED	20. DATE DE DEATH
6.(b) Name of husband or wife Ora E. Brown 6.(c) If alive, give age 53 years 1. Sirth date of deceased (mo., day, yr.) August 28, 1896 8. AGE: Years Months Days If less than one day 51 O 21 hrs. min. 8. Sirthplace Baltimore, Maryland (Town, county, and atate) 10. Usual occupation 11. Industry or business Beth. Steel Co. Sp. Pt. 12. Name Joseph Brown 12. Name Baltimore, Maryland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 17. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Baltimore, Maryland 14. Maiden name. Cecelia McDonald 15. Sirthplace Baltimore, Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address 1260 June Rd 26 The Burial Burial Date Thereof (menth) (day) (year) Commetery or crematory Baltimore National Location Baltimore, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
HENRY SANDER & SONS, INC. 18. Funeral director. NORTH AVE. * BRUADWAY Address	Means of Injury Injured at work? 23. SIGNATURE

CERTIFI	CATE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: Baltimere	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town 3622 Cash Cash Act Cash City or town limits, write RURAL and give nearest town	State Maryland County	0000 440 000 000 000 000 000 000 000
low long in above place of doath?	City or town Bally Imore-	arest town)
Mospital, institution, or street address where death occurred:	Street No. 3622 Oak Avenue	***********************
New long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME Kathleen Marie Caldwell	3. (b) Social Security	Number
4. Sox 5. Color or race 6.(a)Singlo, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Female White Knigh	20. DATE OF DEATH September 21 19 47	8:40P
6.(b) Namo of husband or wite	9-21-147 10 10 9-21-1	47 19
7. Birth date of Script Age 12, 1947	and that I last saw h. er alive on not seen alive	19
8. AGE: Tears Months Days It loss than one day	Immediate cause of death	DURATION
0 5 9hrs.	min. Asphyxia	30 min:
9. Birthplace Bultimore City (Town, county, and state)	Due to.	
	Aspiration of vomits	***************************************
1D. Usual occupation.	Due to	• • • • • • • • • • • • • • • • • • • •
11. Industry or business 12. Name Andrew V. Baldwell 13. Birthplace Baltimere Lity	Dither conditions	••••••
	(tnclude pregnancy within 3 months of death)	
14. Maiden name I sabelle Marrison 15. Birthplace Emmitsburg, Md.	Major findings of operations	
16. Interment Mr. andrew Y. Baldwell	Autopsy results.	
Address 3622 Oak ave.	PHYSICIAN: Please moderlise the cause to which death should be charged	statistically.
(Burial, cremation, or remove). Which?) Date thereof (month) (duy) (year)	22. VIOLENCE: It death was due to external causes, fill in the tellowing: Accident, suicide, or homicide	
(Burial, cremation, or removei. Which?) (month) (duy) (yea	Where did injury occur?	
Baltimore Leity	(City or town) (County)	
18. Funeral director le Lessan Lennan.	Means of Injury Jojured at work?	
Address 4661 Park Heighto, Balto. Ca	to a second	1-
9/23 40 1/0/141		or other
(Date rec'd by registrar)	gistrar Address Reisterstown, Md. Date signed.	9-22-14

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles St., Baltimore

07733

CEDTICICATE OF DEATH

			44
Reg.	Dist.	No.	

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: county Baltimore	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Lor land County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 Hrs. Nospital, institution, or street address where death occurred: Vets. Adm. Hosp., Pt. Howard, Md. How long in hospital or institution? 14 Hrs.	(If outside city or town limits, write RURAL and give nearest town) Street No. 1/17 E. Hadison Sirect (If rural, give LOCATION) 2.(a) If veteran, name war.
The second secon	"
3. (a) FULL NAME HARRY CAMPBELL	3. (b) Social Security Number Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH September 22, 19 47 at 8:00A M
6.(b) Name of hyshand or wife Irene Campbell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 21, 19.47, to Sept. 22, 19.47
7. Birth date of deceased (mo., day, yr.) 3-22-21	and that t last saw h im alive on Sept. 22, 19 47
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 18 Hrs.
26 6 0min.	Coma 18 Hrs.
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation. Pipe Fitter 11. Industry or business	Oue to. Diabetes Mellitus Unknown Oue to.
12. Name Harry Campbell 13. Birthplace Baltimore, Md.	Other conditions
質 14 Maiden name Viola Green	(Include pregnancy within 3 months of death) Major findings of operations.
5 Birtholace Baltimore, Md.	Qate of op.
16. Informant Clinical Records, Vets. Adm. Hosp. Fort Howard, Md.	Autopsy results. Substantiated Above. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date phereot (poolth) (day) (year) Cemetery or cremators.	Accident, suicide, or homicide
Location Gaffermore Ma	tnjured at home farm, Industry, public place (where?)
18. Funeral director, Charles R. Law	Msans of Injury Injured at work?
Address 802 Madegan Uva.	23. SIGNATURE Polish M. Cullison
19. Q 24 19 47 (Date rec'd by registrar)	R. M. CULLIS II, I.D. CLI M. D. of other Address V.A.H. F.L. H.J. D. D. Oate signed 9-22-47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE SN

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19. (Date rec'd by regis, far)

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RULLy and give nearest town)	state Maryland County Ama Trundel
How long in above place of death? 7 Works, 10 clays,	(If outside city or town limits, write RURAL and give nearest town)
Sur- Grove St. Hosp.	Street No
How long in hospital or institution? T. manths 10 clays	2,(a) It veteran, name war.
	RTER 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m y violoved	20. DATE OF DEATH September 12+ 19 77 21 7 15 PM
6.(b) Name of husband or wife Ealith Conter	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2/2 19.9.7. to 544 / 2 19.9.7.
7. Birth date of deceased (mo., day, yr.) an wary 2 7 4 1871	and that I last saw h. Man. alive on Syst. 13. 4.7.
8. AGE: Years Months Days It less than one day	Caroliac decompensation 2 y ws
76 7 4hrsmin.	y
9. Birthplace (Town county and state)	Due to My pertensive Carolio -
(Town, county, and state)	vasdilo-nenodiscore mikroson
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Eolisia R. Cortes 13. Birtholace Olio	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Ame Cartmile	
14. Maiden name	Major findings of operations
16. Informant 1913. Lenora Davison	Autopsy results.
Address Jerseya. M. of C.O.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bill Sekk # 1947	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or remove), Which?	Accident, suicide, or homicide
Cemetery or crematory / hes downinge 6 emetery	Where did Injury occur?
Location Stask-Balta Bluff Darsey, Mr.	Injured at home, tarm, industry, public place (where?)
AN OBOXX	Means ot injury Injured at work?
18. Funeral director	Grader Junes
Address 19 Mashington 1201. Laurel, 11/1	23. SIGNATURE.
19 Seft (1/40) Consellyman	Address Spring Grove 1 Date signed Sept. 1?
(Date rec'd by registrar) Registrar	Address Page signed

Registrar

SEP 15 1947
BUREAU T 8

164a

07735 30

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give Narrest town) Street No. (If rairel, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME William B. Clagett	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or Afforced Male White Single S.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of	s and that I last saw halive on
8. AGE: Years Months Days If less than one day 5. Months Days If less than one day 9. Birthplace Man boro Ma (Town, county, and state) 10. Usual occupation 11. Industry or business 2. Cf. 12. Name B. Birthplace 13. Birthplace 14. Industry or business 2. Cf. 3. Birthplace 7. Man boro M	Immediate cause of death DURATION
14. Malden name Katherine C. Duckett 15. Birthplace 16. Informant Charles Clagett Address Keysen Building, Balto. 7	Major findings of operations
BURIAL (Burial, cremation, or removal, Which?) Cemetery or crematory UPPER MARLBORO Md. Location 18. Funeral director Address 12/7 St. Paul St.	Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm industry, public diste (where?) Injured at work?
19. (Date recordy fedistrar) 19. 47 Stw. Hedrick	Address 1010 Reeds on Date sign 1220 y

MARGIN RESERVED FOR BINDING

PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

			-	5	Con
leg.	Dist.	No.		3	0

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) 0 (For newborn Infants give residence of	mother)	
City or town		State Md. County			
			City or town Baltimore (If outside city or town limit		
How long in above place Hospital, Institution, or	of death?	doth populate			
A rme co	st Nursin	Home	Street No. 1531 E. North Av		
				V	
			2.(a) If veteran, name war		
3. (a) FULL NAMI	E			3. (b) Social Security Number	
		Emma Cole		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white	widow	20. DATE OF DEATH Sept. 19th	19 47 5:45	
- 41 1 1 1	Capt.	. Charles M.	2t. I CERTIFY that death occurred on the date abo	ove stated; that I attended Deceased from	
5.(0) Name of husband	or wire		June 5 19	46 10 Dept 19 194	
7 Pi-th date of			and that I last saw h	cht 19 104	
deceased (mo., day, y	July 3:	lst 1871			
8. AGE: Years	Months	Days If less than one day	Hubirtusing Care	// 1	
76	1	18hrsmin			
70			- Lug.cus.an.	ease 2 ye	
9. Birthpiace	Baltim	ore. Md. county, and state)	. Oue to		
to. Usual occupation	House	wife	Due to		
1t. Industry or business	s				
H 12. Name Le	nknown	Heinsuch	Other conditions Desuplaced		
t2. Name	-	ermany	// //		
		(Include pregnancy within 3	months of death)		
14. Maiden name		Unknown	Major findings of operations		
15. Birthplace					
	James D	0-1-			
		Cols	PHYSICIAN: Please underline the cause to w		
Address 408	3 Dunkirk	Road	22. VIOLENCE: If death was due to external cau	iese till in the following:	
17. Burial		Date thereof Sept. 23, 1947	22. VIOLENCE: IT GOATH WAS QUE TO EXTERNAL CAL		
(Burial, cremation	or removal. Which?	(menth) (day) (year)			
Cemetery or cremato	ryMt.	Olivet Cemetery	Where did injury occur?(City or town)	(County) (State)	
		ore, Md.			
49 Europel disease W	Villiam J.	Tickner & Sons	Mesns of Injury	Injured at work?	
			11/2	1 40 11	
AddressVorth	& Pennsyl	vania Aves.	23. SIGNATURE DELLE ON DA	maby M.D.	
Sest +	77 . 11.	7 a. W. Kedne	D S T	M. D. or other	
19. (Date rood by re	gistrar)	A D Registra	r Address /1531 C / Joelle	- Care nate signed / Self	

WRITE

PLEASE

VS A15

.rne correct age egibly.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

07737

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothor)
County /2 A 1 T MO Se	Md Bart
City or town (If outside city or town limits, write RURAL and give nearest town)	State County A Russ O
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Members 6.0 - July old
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George LOX	
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
1 W Single	20. DATE OF DEATH Sept. 14 19.47 at 28
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(b) Name of husband or wife	19, to
7. Birth date of	and that t last naw halive on
deceased (mo., day, yr.) Not Tonoun 1887	Immediate cause of death
8. AGE: Yeare Months Days It less than one day	Coronary artery Mercel
60	
9. Birthplace Balto Comby, and staffe)	Oue to
San Dollar	
10. Ueual occupation	Oue to
11. Industry or business	
12. Name Mach Corc 13. Birthplace Balta Co. Ma	Other conditions.
	(Include pregnancy within 3 months of death)
H 14. Maiden name	Major findings of operations.
S 15. Birthplace	
16. Informant Muss. John Cichler	Autopsy results
Address - Linimum md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0-16. 1 8. 17.19.17	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, crepation, or removal, Which?) Bate thereof	Accident, euicide, or homicide
Gemetery or crematory Hereford Bodotists	Where did injury occur?
11 1 1	Injured at home, tarm, Industry, public place (where?)
Location 0 3 - 0	Means of Injury Injured at work?
18. Funeral director	
Address Sparles, md	23 SIGNATURE Chy. France
Sept 17. 1947 Mrs House & Marklin	Ranktus Ind M. D. or other, 4 /4
(Date rec'd by registrar) Registrar	Address Date signed 7/4



9-45-15M

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No....

CERTIFICATE OF DEATH

County Baltimore City or town Stone leigh City or town Imits, write RURAL and give nearest town) Row long in above place of death? Armacost Nursing Home, 812 Register Ave. Row long in hospital or institution? City or town institution? City or town Imits, write RURAL and give nearest town) City or town Linthicum Heights City or town limits, write RURAL and give nearest town) City or town Linthicum Heights City or town limits, write RURAL and give nearest town) Street No. 331 E. Maple Ave. City or town limits, write RURAL and give nearest town) City or town Linthicum Heights City or town Imits give Formal institution institution in the death and give nearest town) Street No. 331 E. Maple Ave. City or town Imits, write RURAL and give nearest town) City or town Linthicum Heights City or town Imits give Formal institution in the death and give nearest town) City or town Linthicum Heights City or town Imits and give nearest town) City or town Linthicum Heights City or town Imits and give nearest town) City or town Linthicum Heights City or town Imits and give nearest town) City or town Linthicum Heights City or town Imits and give nearest town) City or town Linthicum Heights City or town Imits and give nearest town) City or town Linthicum Heights City or town Linth	arest town)		
How long in above place of death? 6 months Rospital, institution, or sfreet address where death occurred: Armacost Nursing Home, 812 Register Ave. How long in hospital or institution? 6 months 3.(a) FULL NAME Sarah Cora Benson Cromwell 4. Sex female White Scient Scient Ave and give not town limits, write RURAL and give not town limits.	arest town)		
Hospital, Institution, or sfreet address where death occurred: Armacost Nursing Home, 812 Register Ave. How long in hospital or institution? Street No	arest town)		
Armacost Nursing Home, 812 Register Ave. How long in hospital or institution? 3.(a) FULL NAME Sarah Cora Benson Cromwell Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female white married 20. DATE OF DEATH. September 9 19.47.	044404		
ATERCOST NUTSING Nome, 012 Register Ave. How long in hospital or institution? Sarah Cora Benson Cromwell 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female white married 20. DATE OF DEATH. September 9 19.47.			
3. (a) FULL NAME Sarah Cora Benson Cromwell 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female white married 20. DATE OF DEATH. September 9 19.47			
3. (a) FULL NAME Sarah Cora Benson Cromwell 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female white married 20. DATE OF DEATH. September 9 19.47	······································		
female white married 20. DATE OF DEATH. September 9 19.47.	Number		
20. DATE OF DEATH SUPPLIED 19.3.1.	4		
Harry H. Cromwell 21. I CFRIFY that death accurred on the date above stated: that I attended dec	22:45 P.M		
B.(b) Name of husband or wife.	exped from		
S (a) If all the give and	27		
7. Birth date of deceased (mo., day, yr.) Feb. 12, 1876	196).		
8. AGE: Years Months Days If less than one day	. DURATION		
71 6 28min.	10 gts.		
9. Birthplace Anne Arundel County (Town, county, and state)			
1D. Usual occupation housewife	fut his		
1D. Usual occupation			
	01 0,		
12. Name. James R. Benson 12. Name. Anne Arundel County, Md.			
14. Maiden name Fannie Hodges 15. Birthplace Anne Arundel County, Md. May Horbert County and a			
El 15. Birthplace Anne Arundel County, Ma. Date of op			
ts informant Mr. nerber Cromwell Autopsy results			
Address 108 S. Camp Mead Road, Linthicum Hts. PHYSICIAN: Please underline the cause to which death should be charged to the cause to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to t	statistically.		
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) Date thereof 9/11/47 (Burial, cremation, or removal, Which?) Date of			
Cemetery which which Cedar Hill (City or town) (County)	Where did injury occur?		
Location Annapolis Road, Brooklyn Md. Injured at home, farm, industry, public place (where?)			
18. Funeral director John O. Mitchell & Sons, Sine, Means of Injury Injured at work?	1111		
Address 1900 Eutaw Place, Baltimore, Md.	Mil.		
19. (Date red by registrar) 19 47 A-W. Hedrick Address Jourson Will Gate signed	9/10/47.		

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Baltimore	(For newborn infants give residence of mother)	
City or town Peisterston	State many land County	
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital or institution:	City or town Baltimore Ward No.	
not Cleasent Danatorum	(If outside city or town limits, write RURAL NEAR and give town)	
	Streel No. 3506 Park Heights live.	
ay in hospital or inst. (yrs., or mos., or days) 24 days .	- (If rural give LOCATION)	1
stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
Benjamini Dachslo	3. (b) Social Security Number	
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Tuste white Widowed	1 1 1 4 4 4 4 7 3	b
PAR PI	20. DATE OF DEATH September 7 1947, and	M
(b) Name of husband or wifeLate Rachael	21. I CERTIEY that death occurred on the date eboye stated; that attended deceased from	1
6(c) if allve, give ageyears	(hsg. 13 g 19 4) to Sept. 194	
Birth date of	end that I last saw h terrallye on test 2	/
deceased (mo., day, yr.) Trace 2, 878 AGE: Years Months Qays If less than one day	Immediate cause of death OUR	ATION
100	Impocardial tailure 5 de	
69 3 26m		18
Birthplace Custing.	montingerarcinoma. also marked water	~
(Town, county and state)	Condition of large. Since death point	-
1. Usual occupation those departer.	the attent showed pulmonary tuberal	
1, Industry or business	and tuberculous largements to be come	44.5
12. Name abraham Dachslager.	E9117147 NLD	nea.
13. Birthplace austria	Other conditions syphiless	
The straightful st	(Include pregnancy within 3 months of death)	
14. Malden name Lea Fleisker	- Major findings: PHYS	ICIAN
14. Malden name Lea Fleisker 15. Birthplace Becoting		underlie
And Dar Dallance (Dan colotes)	the cause death sho	utd be
B. Informant Teach Sachstant (Zaughar)	charged s	statisti-
Address 300 6 Cash Neights Cal.	OT BUILDSY	
7. Burel Date thereof Sypt 8/99	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal. Which?) (honth) (day) (yest)	Accident, sutcide, or homicide	
Cemetery or crematory & Marchen Zion Cemely	Where did injury occur? (City or town) (County) (State)	
Location Hamilton are Bosedal	Injured at home, farm, Industry, public place (where?)	
l l f		
8. Funeral director Sol Alvinson t Bus	Means of injury Injured at work?	
Address 1124-26 W Morth ave	albert 7. Sprie 110	
0/6 b // H. I	23. SIGNATURE	
9	Menteratorn Ind M. D. or other	15
(Deterrec'd hy registrar) Registrar	Address Lesslastown to Oate signed 17/	7

MARYLAND STATE DEPARTMENT OF HEALTH (M)

2411 N. Charles St., Baltimore

930

07740

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe
3.(a) FULL NAME Catherine (Katie) Derenbe	arger 3. (b) Social Security Number
Female S. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH September 1, 19 47 at SP
6.(b) Name of husband or wikk James J. Derenberger 7. Birth date of deceased (mo., day, yr.) September 23, 1871 8. AGE: Years Months Days If less than one day 75 11 9 hrs. min. 9. Birthplace Baltimore, Md. (Town, county, nnd state) 10. Usuat occupation At Home 11. Industry or business 12. Name Edward J. Griffin 13. Birthplace Ireland 14. Maiden name Mary McEnaney 15. Birthplace Ireland 16. Informant Mr. J. Edward Derenberger (Son) Address 2314 Rosedale St., 17. Burial Date thereof 9-4, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Cathedral Location Baltimore, Md.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
18. Funeral director Account Ave. Address 3207 W. North Ave. 19. (Date 1974 by registrar) Registrar	23. SIGHATURE RECEIVED TO TO THE M. D. or other Address Date signed 7-7

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	DEPARTMENT OF HEALTH harles St., Baltimore
CERTIFIC	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH. County County Clif or town limits, write RURAL and disc nearest town) How long in above place of death? Rospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
my widowed	20, DATE OF DEATH 18 Sept 19 47 21 6 5 A
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Namo of husband or wife	march 31 1997 to 17 Sept 19
7. Birth date of	
deceased (mo., day, yr.) 12 19 1866	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
86ars.	min. Laileine 30AY
97	A ptania co Dougress
9. Birthplace (Town, county, and state)	Duo to A RUDRIO S CLOPENS
10. Usual occupation	generalized YEAR?
-n-1	Duo to
11. Industry or business	
12. Name do stock a Communication of the stock of the sto	Other conditions SCIRRHOUS CA - IEI
	BREAST - MASTECTOMY 46 (Include pregnancy within 8 months of death)
14. Maldon name Katte KU Doctries	
14. Maidon name Katte KU Doctrus	Major findings of operations.
ans on he harte	DESCENDING COLON Date of op 30 July 9
16. Informant / Cary Surface Control C	Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6 Detroise and,	
17 Bunal Date thoras Sept 211	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burist, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemotery or crematory Local tale	(City or town) (County) (State)
Location Circles that	Injured at home, tarm, industry, public place (where?)
Z, /1 M1. 11 1.0	Means of Injury tojured et work?
18. Funerat diroctor	
Address Contournelle 15	23. SIGNATURE Tephen LEE Magness HL
19:	Control of the Contro
(Date rec'd by registrar) Registr	rar Indirece along velle 18, MU note closed 19 Sept

SEF 24 1947 BURSAU S CONTRACTOR TO BOX 4

COPY SENT TO LOCAL REGISTRAR NO. DATE 9/2

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07742

CERTIFICATE OF DEATH

Rog. Dist. No. 33

1. PLACE OF DEATH: County				Street No(If rural, give	Balto.
4. Ses 5	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICACC	ERTIFICATION 30
Male	White	Mar	ried	20. DATE OF DEATH SUBS	25 147 at 8 A M
8.(b) Name of husband or t	Emma	M.Eck	enrode	21. I CERTIFY that death occurred on the date ab	oya stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	March	30,18	68	/	7. 19
8. AGE: Years	Months	Days	tf less than one day	Immediate canyon death	of Thrombous lew mi
79	5	26	mln.		
E 12. Nemc	(Town,	eounty, and s	e	Due to Du	ion dire johnie ordine
and the continuous		e Atl	hoff	(Include pregnancy within 8	months of death)
	Penna.	90 00 00 000 000 000 000 000 000 000 00	a9a00000000000000000000000000000000000	Major findings of operations.	
	a M.Eck	enrod	e		Date of op.
Address	Main S	t.Rei	sterstown, Md.	PHYSICIAN: Please underline the cause to w	hich death should ha charged statistically.
Burial (Burial, cremation, or Cemetery or crematory	Druid		Sept. 27, 1947 (month) (day) (year)	Accident, suicide, or homicide	(County) (Stato)
Location Balto.Co. 18. Funeral director J.F.Eline & Sons				Injured at home, farm, Industry, public place (w	Jajúred 21 work?
	stersto			1 4	1 111
	6-10 U		Ary B. E. Live Rogistrar	23. SIGNATURE THE LOCAL Address reliable to the con	M. D. as other

OCT 3 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

Reg. Diat. No...

D-34- 0- 36-)			
City or town	State		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:			
	Street No		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
SARAH E. ELLIOTT			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE WIDOW	20. DATE DE DEATH Saf 2/ 19 47 at /30 F.		
6.(6) Name of husband or wife EDWARD J. ELLIOTT	21. I CERTIFY that death occurred on the date above stated; that Laitended deceased from		
	Spot 13 10.4) 10. Spot 2/ 10.47		
1. Birth dale of deceased (mo., day, yr.) March 18-1875	and that I last saw h. A. alive on Short 2/		
8. AGE: Years Months Days It less than one day	Immodiate cause of death Cardiac Farles DURATION		
72 5 21hrsmln.	Carac 7au-5		
9. Birthplace Baltimore, Md. (Town, county, and etate)	Que to Chrome Myocardites		
	/		
10. Usual occupation Housewife	Due to		
11. Industry or business			
12. Name	Other conditions		
	(Iuciude pregnancy within 8 months of death)		
14 Malden name Bridget Kavanaugh			
14. Maiden name Bridget Kavanaugh 15. Birthplace Ireland	Major findings of operations.		
16. Informant Mrs. Howard Murphy (Niece)			
Address 1118 Washington Blvd.	Autopsy results		
	22. VIOLENCE: If death was due to external causes, till in the following:		
17. Burial Date thereof 9-26-47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Lprraine Cem.	Where did lajury occur? (City or town) (Connty) (State)		
Location Woodlawn, Md.	Injured al home, tarm, Industry, public place (where?)		
18. Fuoeral director John 13 Kenny	Means of Injury Injured at work?		
Address 56 25 Gshown Rd Halthye & d	an of or		
Q. 206 (1) An 2:11 (Fa)	23. SIGNATURE White Deagnette		
19. (Date réc'd by registrar) Registrar	Address 1729 w Lombard M. Date signed 9/24/47		

important.

especially PLAINLY, is especially

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1

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Address

(Date rec'd by registrar)

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: f mother)
State Manyland c	ounty
City or town Baltimore (If outside city or town limit	its, write RURAL and give nesrest town)
Street No. 1623 N. Gay Street	et

How long in hospital or institution?. 3. (a) FULL NAME

I. PLACE OF DEATH:

County Baltimore

How long in above place of death?..

Vets. Adm. Hosp.,

Hospilal, Institution, or street address where death occurred:

Fort Howard, Mar land

3. (b) Social Security Number Unknown

(If rural, give LOCATION)

MEDICAL CERTIFICATION

September 17

Male 5.	Color or race				
Male		6.(a)Single, married, widowed, or divorced			
	White	Single			
(b) Name of husband or w	sin Sin	gle			
. Birth date of deceased (mo., day, yr.)	5-26-1		c) If alive, give ageyears		
. AGE: Years	Months	Days	If less than one day		
54	3	21	hrs min.		
12. Hame Robe; 13. Birthplace New	rt Flani York	gan			
	ouise Gr	ebe			
14. Malden name	altimore	, Ma.			

21. I CERTIFY that death occurred on the da September 17.	19 47 to Sentem	ber 171947
and that I last saw h. im. alive on	eptemper 17,	194./
Immediate cause of death Peritonitis with		l day
Due to Perforation of		
Due to Subscute Coliti		3 Wks.
Other conditions None.		
(Include pregnancy with		
Major findings of operations		
Autopsy results Substantia PHYSICIAN: Please underline the cause	ted Above	
22. VIOLENCE: If death was due to exteri		
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or to	own) (County)	(State)
Injured at home, farm, industry, public pla		
Msens of tnjury	Injured at work?	

07745

CERTIFICA	TE OF DEATH Reg. Dist. No 3
1. PLACE OF BEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) State County City or town (If outside city or given homes, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF YETERAM, NAME WAR 3. (b) Social Security Number
4/1/- 11/-	tord
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6 (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. LCERTIFY that death occurred on the date above stated; that I attended deceased from 1947.
7. Birth date of deceased (mo., day, yr.)	and that I last saw he alive on 1947.
8. AGE: Years Months Days If less than one day	acute Edema of Lump. 24tus.
9. Birthplace (Town, county, and state) 10. Usual occupation Housewaye 11. Industry or business	Due to Due to
12. Name Blo Allysks 13. 6irthpiace	Dther conditions
14. Maiden name Receive R. Telsourett 15. Birthplace 16. Informant 17. Maiden name Receive R. Telsourett 18. Informant	(Include pregnancy within 8 months of death) Major findings: Of operations Please underline the cause to which death should be charged statistically.
Address 17. Bate thereof (month) (day), (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Location Dead Player	Where did Injury occur?(City or town) (County) (State)
18. Funeral director . J. L. Cul Evelly	Means of injury Injured at work?
Address Do 2. Fort Hup.	23. SIGNATURE CE TO COMPANY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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19. (Dute rec'd by registrar)

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VS 150

BALTIMORE	CITY	HEALTH	DEPARTME	ENT
A = D = 1 =	-104	TE OF		1 8300

Registered No. 43

I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	Rot	
000	(a) State and (b) County Bally	mal
(b) Direct addices	Booting 6	
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RUR)	AL and give town)
		Pre.
	(d) Street No. 45 08 Survey (If rural give location	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.	lf yes, name country	
3 (a) FULL NAME anna Oc	bhardt	WHAT IS I
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	Linear annual of wider, and till an all the market where	7 at /2:50 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or		
F W divorced. Widowed	ed deceased from Sent 2 1947, to Sen	
00-0100		
6 (b) Name of husband or wife Mustonher Jebhard	and that I last saw her alive on Sy 3	97
6 (c) If alive, give age years	Immediate cause of death	Duration
. Birth date of deceased (mo., day, yr.) July 8, 1874	Cerebral Hemorrhoge	40 hrs
B. AGE: Years Months Days If less than one day		
73 2 27 hr. min.	Due to.	
	Hypertension	marry
Birthplace Ballerne County Ind.	Due to	were.
(Town, county, and state)	The state of the s	
10. Usual Occupation) You'se wife		
11. Industry or business Our home	Other Conditions.	
# 12 Name Charles Dembauer	(Include pregnancy within 3 months of death)	PHYSICIAN
	Date of operation	Underline the
13. Birthplace . Strang	Major findings of operation:	cause to which
14. Maiden Name Sonkie Codenschatz		death should be
5	of autopsy:	charged statls-
15. Birthplace Jerrany		
16 (a) Informant Gloral Celebrardt	22. If death was due to external causes, fill in the	
(b) Address 045080 Kenwood are.		
17 (a) burial (b) Date thereof 9/8/47	(b) Date of occurrence	atM
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	(74-4-)
(c) Cemetery or crematory Parkwood	(d) Did injury occur about home on farm industris	unty) (State)
TOT OF AVE.	(a) Did injury occur about nome, on raim, industrie	ales
Locaton	place?	JIRT
18 (a) Funeral director Lassahn Funeral John	(e) Means of injury	- 0 1
(b) Address 7401 Belair Rd.	23. Signature May R. Grale	Sh.
19 (a) Sept J. 9.4(b) Mrs & Redanide	00.04/	M. D.
(Date/rec'd by registrar) Registrar	Address 5713 Belan A. Date si	gned 9-4-47

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(Date redd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Char

CERTIFICA

Registrar | Address.

		4
 USUAL RESIDENCE (HOM (For newborg infants give reside 	IE) OF DECEASED:	
Mid	-2	-
State OVI C	County	
Cily or lown.	dimits, write RURAL and give ne	arest town)
1300 1	170	
Sireet No	al, give LOCATION)	•••••••••••••••••••••
2.(a) If veteran, name war	,	***************************************
	3. (b) Social Security	Number
	217-09	1 - 79
MEDICA	L CERTIFICATION	
0 4	4.4	
20, DATE OF DEATH.	19.4.7	, al 7/5
21. I CERTIFY that death occurred on the	date above staled; that I abouted deci	eased from
Left.5	19 (1) to Refu	1/194
and that I last saw h	sept 1/2	P 19 9
Immediate cause of death		. DUBATIO
Bronch-/w	umma	
esolven glovine vitare		1
Comme	2 Lun	*****************
Due to		***************************************
0		***
Due to.	f Williams	

Other conditions		***************************************
	thin 8 months of death)	
(Include pregnancy wi	thin 3 months of death)	
Major findings of operations		
***************************************		*******************
Antopsy results		
PHYSICIAN: Please underline the caus	e to which death should be charged	statistically.
22. VIOLENCE: It death was due to exte	rnal canses, fill in the following:	
Accident, suicide, or homicide	Date of	***********
Where did lojury occur?(City or		(State)
Injured at home, farm, industry, public pl		

1. PLACE OF DEATH (If outside city or town limits, write RURAL and give nesrest town) How long In above place of death? 2414 Hospital, Institution, or street address where reath occurred: 3. (a) FULL NAME widowed, or divorced 7. Birth date of deceased (mo., day, yr.) if less than one day 8. AGE: 9. Birthplace. 10. Usual occupation 11. Industry or business 13. Birthplace 14. Maiden name... 16. Informant (houth) (Burial, cremation, or removal, Which?) 18. Funeral director.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07748 Reg. Dist. No.	4/
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town S 3 W so and Dudult 22	State Maryland County Patturie
(If outside city or town limits, write RURAL and give nearest towh)	21 4 1 1 1 2 2 4
How long in above place of death?	City or town (If outside city or town) limits, write RURAL and give nearest town)
	Street No. CLUBALL V V VI
How long in hospital or institution?	2.(a) If veleran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
Jourse Henrietta 3	lasmer none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	20. DATE OF DEATH Schlimter 4th 187 at 2/30 Au
8.(b) Name of husband or wife Julius Glesmer	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
	august 1 th 1942 Blotsquer 4th 443
7. Birth date of deceased (mo., day, yr.) April 24, 1873	and that I last say (1. La elive on Deplement 3 21 19×19)
8. AGE: Years Mouths Days If less than one day	Immediate cause of death OURATION
74 4 10hrsmin.	Municipal T 25 PM
e. Sirthplace Baltimore, Maryland	Busto Influence 200 The
(Town, county, and atate)	
10. Usual occupation. Housewife	Doe to.
11. Industry or business	
12. Name? Wetzell 13. Birtholace Marvland	Diher conditions
MI	(Include pregnancy within 3 months of death)
Elizabeth Capeller Elizabeth	Major findings of operations.
14. Malden name Elizabeth Capeller Maryland	Date of op.
16. Informant Mr. August Glesmer	Autopoy results
Address 813 Wise Avenue - 22	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Oate thereof 9/6/47 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
Cemetery or crematory Mount Carmel Cemetery	Where did Injury occur?
	(City or town) (County) (State)
HENRY SANDER & SONS, INC.	Means of injury Injured at work?
18. Funeral director	Count -
Address NORTH AVE. & BROADWAY	23. SIGGETURE AND I Thomas MA!
19. — Grand Hand Control (Date ree'd by registrar) Registrar	Address Turis Sta May signed 44/497

940 077411 -

2411 N. Charles St., Baltimore

			CERTIFICA	TE OF DEATH	Reg. Diat. No	o: Pa
How long in above place Hospital, institution, or Pres	Tows on control of death? street address where byterian frontiers of the street address where byterian frontiers.	death occurred	RURAL and give nearest town)	City or sown. Tow.son Z. (If obeside city or town lin Street No. Presbyterian	county Baltimore nits, write RURAL and give no home ive LOCATION)	arest town)
4. Sex	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced	MEDICAL	CERTIFICATION	
female	white	wic	lowed	20. OATE OF DEATH September	26 19 47	21 11107
7. Birth date of	Annill	6.	liam Godfrey (c) If alive, give ageyear	21. I CERTIFY that death occurred on the date	19, to	19
deceased (mo., day. 8. AGE: Years		Days	It less than one day	Immediate cause of death		DURATIO
82	5	15		Caronary O	colusion	didde
10. Usual occupation.	none sobert L. 1 Pa.	filler	state)	Was fruid.		
	ceased, at	ove		Aotopsy results		
	sbyterian			PHYSICIAN: Please underline the cause to		statistically.
17. Burial (Burial, cremation	n, or removal. Which? Washing	Date the	ereof 9/30/47 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of	(State)
18. Funeral directors Address 1900			ll & Sous, Sue altimore, Md. W. Jadvich	Means of Injury 23. SIGNATURE Address.	Injured at work?	السنتانة

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE	(HOME) OF DECEASED:
County	
(If outside city or town limits, write RURAL and give nearest town)	County
	city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Vets. Adm. Hosp., Fort Howard, Md. Street No2227Mu	(Ifrural, give LOCATION)
	WW-I
3. (a) FULL NAME	3. (b) Social Security Number
CHRISTOPHER GOETZ	Unknown
	MEDICAL CERTIFICATION
Male White Married 20. DATE OF DEATH Sep	otember 20, 1947 3:40 P
6.(c) Hame of Augusting of wife Marry Goe 2. September 18 7. Birth date of and that I last saw h im.	stred on the date above stated: that I attended deceased from 19 47 10 Sept. 20, 1947 alive on September 20, 1947 bronchiogenic carcinoma DURATION
8. AGE: Years Months Days it less than one day of left Lung	Metastatic to Media- unknown
	pleura Parietal Peri-
9. Birthplace	ortic Nodes, and Adrenals
12. Name John Goetz Dther conditions	
I 13. Birthplace Baltimore, Md. (Include pre	egnancy within 3 months of death)
Raitimore, Mo.	Date ot op,
16. Intermant Clinical Records, Vets. Adm. Hosp. Autopsy results Substa PHYSICIAN: Please underlin	intiated Above
22. VIOLENCE: If death was	s due to external causes, fill in the following; e
	(City or town) (County) (State)
tocation Baltimore, Md. Injured at home farm, industr	try, public place (where?)
18. Funeral director. Albert Hiltz Writ L XIII Means of Injury	Injured at work?
Address 1606, N. Chester St. Balto. Md.	Thult
Q/A Q V > () A Leedy of 23 ROBERT J.	SCOUT, MD. M. D. or other ort Howard, Md. Date signed 9/29/47

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

Months

(Town, county, and atate)

How long in hospital or institution? 3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation.

11. Industry or business

13. Birthplace 14. Maiden nami

12. Name

Address

(Date ree'd by registrar)

8. AGE:

FATHER

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

city or town limits, write RURAL and give nearest town)

If less than one day

(day) (year)

23. SIGNATURE.

Address.

2411 N. Charles St., Baltimore

07751

CERTIFICATE OF DEATH

OF DEATH	Reg. Diat. No	
2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of moth		,
State Maryland County	Balleme	re
City or town (If outside city or town limits, wri	te RURAL and give near	est town)
Street No. 2726 Fulderia	K ROO	4
2.(a) If veteran, name war		
3	. (b) Social Security N	umber
CESTA A	•	
MEDICAL CERT		
20. DATE OF DEATH Sept	6 147	1 6P N
21. I CEBLIFY that death occurred on the date above sta	ited; that I attended deceas	
Colynds & 19. TT		19.4.7
and that I last Saw h	y1. 6	19.7.7
Immediate couse of death	1. Desse	DURATION 7
Due fo		***************************************
Due to		
Other conditions		
(Include pregnancy within 3 month	ns of death)	
Major findings of operations		
	Date of op	
Autopsy results	death should be charged s	tatisticatly.
22. VtOLENCE: If death was due to external causes,		
Accident, suicide, or homicide	Date ot	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (where?)	
Means of Injury	Injured at work?	
	7	

information carefully of death clearly and Supply every item of ease write the causes pld ADING INK. Physicians: p WINDOYtant. especially PLAINLY, is especially WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	TE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Reisterstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md. county Balto. City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
Harry Benton Hann	3. (b) Social Security Number 217-12-1609
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH September 24 1947, at 1A
5.(b) Name of husband or wife Vera A. Hann	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Jan. 23, 1922	and that I last saw h. A. alive on
8. AGE: Years Months Days It less than one day	American Cause of Grade Cause of Gra
25 8 1hrsmin.	11 Justo
P. Birthplace Carroll Co. (Town, county, and state) 10. Usual occupation	Due to Proncha ashma
12. Name Harry F. Hann	Other conditions.
13. Birthplace Carroll Co.	(Include pregnancy within 8 months of death)
14. Malden oame Beulah M. Reed	
5 15. Birthplace Carroll Co.	Major findings of operations.
18. Informant Vera A. Hann	Antopsy results.
Address Reisterstown, Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Burial Burial (Burial, eremation, or removal, Whieh?) Burial (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. All-Saints	Where did injury occur?
Reisterstown, Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director J.F.Eline & Sons	Means of Injury Injured at work?
Address Reisterstown, Md.	January / Laffell
19 Sed-26-19 47 Mary B.E.Line (Date red by registrar) (Date red by registrar)	23. SIGNATURE SI

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STREET, IN COLOR OF SHORE MILES.

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AND THE RESIDENCE OF THE PARTY OF THE PARTY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infage give residence of mother)
County Bellimore	mel (15 - 1) -
City or town	-/-
How long in above place of death? One Manch	City or town (If outside sity of town limits, write in URAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Valley Joseph
	(If rural, give LOCATION)
How tong In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Sister agree Dulienne	3. (b) Social Security Number
nie alice Harringkan	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
st. W 3	20. DATE OF DEATH. 10 7 19 47 . 01 10 7 1
	20. DATE OF DEATH
8.(b) Name of husband or wife	a lead in the state of the
7. Birth date of	and they last sew / all your Select #6 14)
deceased (mo., day, yr.) October 8, 1916	(4) - 1 (7)
8. AGE: Years Months Days if less than one day	Immediate cause of death
30 11 8min.	Superly Bookle 2 mg
Sauch Boston Massachuserra	
9. Birthplace (Town, county, and state)	Jarens om
10. Usual occupation Seasher	Bue to
11. industry or business	ove 10.
	Other conditions.
12. Name Takes Harrington 13. Birthplace Trelence	
W 2 2 2	(Include pregnancy within 3 months of death)
14. Maiden name. Della Darley 15. Birthplace Treland	Major findings of operations.
E 15. Birthplace	
16. Informant Lister Vacalia Processed	Autopsy results.
somes Velley had Stevenson, Md.	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
(3)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burnat, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory. Comments Cemetery	Whers did injury occur? (City or town) (County) (State)
Location School St	Injured at home, farm, industry, public place (where2)
LUCATION CONTRACTOR OF THE PARTY OF THE PART	Misans of Injury Injured at work?
18. Funeral director	15 1/4
Address to deltow ville Mil	23. SIGNATURE SEAN V. CELLEN
monnous !	3 1 394 May o other
19	Address Date signed

SEP 24 1947 BURRAD V 6

COPPLIENT TO LOCAL REGISTRANCE DATE 1/244

2411 N. Charles St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

Reg. Dist. No ...

07754

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Batternore	(For newborn infante give residence of mother)
	State Main County Lallo
City or town control of the control	City or town Spanous Point
How long in above place of death?	(M jutside city town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 7/4 6. St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(Ishert W. Joa	stings
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7	L 111 12 000
Male While married	20. DATE OF DEATH Statember 4 - 10.4 1 at 7 P. M
8 (b) Name of husband or wife Julia	21. I CERTIFY that death occurred on the date above stated; that t attended decreased from
8,(6) Name of husband or wife.	Charles 10 15 12 1 Feet & 15th
	// 27 // 6 13
7. Birth date of deceased (mo., day, yr.) Hannay 29, 1880	auf that I last saw h. J. MAalive on
	Immediate cause of death
8. AGE: Years Months Ushs triess than one day	
6 /hrsmin.	Clarks fromany Cochinger ich
Thispippe	
9. Birthplace	Due to.)
mathinest	Commy
10. Usual occupation.	Due to
11. Industry or business Delle Steel Co.	
12. Name hukenown	Other conditions
13. Birthplace	
CC 13. Dittiplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	
3 0 1: 21 + ·	Date of op
16. Informani Mrs Julia Hastings	Autopsy results.
Address 714 6. St. Soarrous Front	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 1 2/1/17	22. VIOLENCE: if death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Daie mereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory Moreland Memorial	Where did injury occur?
Location Jacobox are	injured at home, farm, industry, public place (where?)
6 1 ¥ 10 1	Means of Injury Injured at work?
18. Funeral director phus Thermy he. Jo.	1/7 -
Address 715 Fight St.	
AUDITOS // Office //	23. SIGNATURE
10 4-6 10 FT Will red meh	7.06 PP19 M. D. or other
19. (Date rec'd by registrar) Registrar	Address 520 Date signed 7.7.7)

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF VEANI:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
County	State Many Count	(OV. 14.
Off ourside styler town limits, write RURAL and give nearest town	He ID-1	0 - 2
How long in above place of death?	Sity or town (if outside city or town limits.	write RURAL and give nearest town)
Hospital, Institution, or street address where death obcurred:	Street No. # 22 Cottac lu	U
	(If retal, givo L	OCATION)
How long in hospital or instillution?	2.(a) If veteran, name war	
3. (a) FULL NAME	Control of the Contro	3. (b) Social Security Number
(1) any Henderson		
4. Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced	MEDICAL CE	RTIFICATION
- lead M	20. DATE OF DEATH Seby 10 th	19470 11/.20 9
6.(8) Name of husband or wife	21. I CERTIEY that death occurred on the data above	
	Chaushand 1x.	Sef/10th 1547
7. Birth date of	and that I last saw had alive on	Structure 10th 1407
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause at death	DURATION
04	Bunch Preum	10 day
O V + O		
9. Sirthplace	Due 10.	15 days
10. Usual occupation House work		
	Due to	
11. Indoxtry or business		
12. Rame.	Other conditions	
al 13. Birthplace	(Include pregnancy within 3 mo	nths of death)
14. Malden name marthe gretis 15. Blanding Calvert Cs. 200	Major findings of operations	
E 15. Blanding Calvery C. me		Date of op.
16. Informant Dack Hawlings	Autopsy results	
Address 22 Cottage are	PHYSICIAN: Please underline the cause to which	h death should be charged statistically.
" Bungl " 13.1747	22. VIOLENCE: If death was due to exfernal cause	s, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. The Calvery Carry	Where did injury occur? (City or town)	(County) (State)
Location Roodelyn mik	Injured of home, form, Industry, public place (when	
9 lanes A Walson.	Means of Injury	Injured af work
10. Fuoeral director	(h.0/)	0.0
Address & Search Clark	23. SIGNATURE. H. T.	nas Mos
19 1/11 19:47 Vto Reduch	-50	M. D. or other
(Date fee'd by registrar)	Address Manual Va	1/4 note vignor // D/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME William M. He	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Qfril 1, 1873	and that I last saw h was allye on Jeptensee 2 19.47. Immediate caose of death. DURATION
8. AGE: Years Months Days It less than one day 74 5 24	Generalied artist plansis
9. Birthplace	Prototic by pertrophy
12. Name	Other conditions
18, Informant 2. 9. Heldw	Major findings of operations
Address 17. Date thereof	22. VIOLENCE: tf death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Baltings 18. Funeral director Leavy a Faulty	tnjured at home, farm, industry, public place (where?) Maans of injury Injured at work?
19. (Date rec'd by registrar) Registrar	23. SIGNATURE W. Michel M. D. or other Address 90 1 Edwardson Hr. Date signed Aust 25'47.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: D RA	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	state Ma county Baltimore
City or town	City or town (if outside city or nown limits, write RURAL and give nearest town)
How long in above place of death?	What What had and
	Street No. (If rural give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Qulius F. Hoo	laes
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. w. m.	2D. DATE DF DEATH Sept 10 19 47 at 7.30 A. M
6.(b) Name of husband or wife	- 21. I CERTIFY thandeath occurred on the date above stated; that I altended deceased from
	19 97 10 19 97
7. Birth date of deceased (mo., day, yr.) april 20, 1882	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death and another mediate cause of death another mediate cause of
65 4 21hrs. min	
9. Birthplace. Baltimore omity, and state Md.	Due to
18. Usual occupation Warehouse Foreman	
60 +T O (1) + 1/2	Due to
11. Industry or business	
12. Name Glorge Hodgle:	Other conditions
	(Ioctude pregnancy within 8 months of death)
14. Maiden name Mary Esygle 15. Birthplace	Major fiudiugs of operations.
15. Birthplace	Major Redugs of operations
mas 6 has all of m sked all	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4019 ESPW UNE, Gundal	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof. State Annual (day) (year)	Accident, suicide, or homicide
and don't	
Cemetery or crematory	Where did injury occur?
Location June 1990 1990 1990 1990 1990 1990 1990 199	Injured at home, farm, industry, public place (where?)
18. Funeral director. Rollman Y Fisher	Means of injury Injured at work?
5.11 h (-)	Ma - 1 H Mandaux Tend
Address 11125 andales ave.	23. SIGNATURE. M. D. or other
18. 1/17/4) 8 // Melle	20 Mindalle Will Aut 18.14
(Date rec'd by registrar) Registra	ar Address Date signed

SEP 29 1947
BUREAT

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310 07758

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	Di.	W.F.	2	1
Za.	WIST.	No		

	Neg. Dist, No.	
1. PLACE OF DEATH: Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Luther wille Md- (If outside city or town limits, write RURAL NEAR and give town)	State County Batto	-3
Street address, hospital, or institution:	City or town Juthervalla med.	Ward No.
YorkRd-	City or town (If outside city or town limits, write RURAL NEAR and gi	ve town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No. (If ural give LOCATION)	
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Ohn Solomon How	daes 3. (b) Social Securit	y Number
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male W- Widowed	2D. DATE DF DEATH 194	+7. et 9AM
6 (b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that I ettended de	
\$(c) If alive, give ageyears	Sept. 15 1942, 10 19/12	
7. Birth date of South to 10/7	and that I last saw h Lamalive on The full and	19.47.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
80 2hrsmin	myocarditio	2.400
9. Birthplace Betto. 7md - (Town, county, and state)	Due to Chronia Implirition	
10. Usual occupation Laborer.	Que to arterio allerosio -	
11. Industry or business Gen.	Due to	
12. Name John S. Hadan - 13. Birthplace Batts, MA -	Dther conditions	
13. Birthplace O Batts. Md -		
14. Malden name Mary Cooper.	(Include pregnancy within 8 months of death) Major fladings:	PIIYSICIAN
15. Birthplace Ralts Outl-	Df operations	Please underline
16. Informant — Manus Sain.		the cause to whic death should be charged slatisti-
Address Letterville Ind	Of autopsy	cally.
17. Burial Date fhereof 9-14-47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Poplar	Where did injury occur?	
Cockersville. Id.	(City or town) (County)	(State)
Toluna in anna et l' Conner	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
1B. Funeral director John Jums' Sons	Od . 1	10
Address Towson, d.	23. SIGNATURE STANSAUM TO: CONS	Mu.D
9-12- 47 Wilner C.Ensor	A M. I	or other
(Date rec'd by registrar) Registrar	www. Carpulandla and	. GA 1.01



MARGIN RESERVED FOR BINDING

VS PAS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	Reg. Dist. No
1. PLACE OF DEATH: County Baltimore City or town Catonsville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Baltimore Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. 46 Winters Kane (If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced Married	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATR 2013 On 1947, at /130 m
B (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
deceased (mo., day, yr.) June 10, 1885	Immediate cause of death Mitrul Insufficiency 7 19 DURATION
9. Birthplace Still Pond Md. (Town, county, and state) 10. Usual occupation Minister 11. Industry or business	Due to
12. Name Unknown 13. Birthplace	Other conditions
14. Malden name Unknown 15. Birthplace	(Include pregnancy within 3 months of death) Major findings: Of operations Please underlint the cause to while
16. Informant Mrs. Elizabeth Hodges Address 46 Winters Ave.	Of eutopsy death should be charged statistically.
17Burial Oate thereof 9-15-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Location Still Pond, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) Injured et home, farm, industry, public place (where?)
18. Funeral directorMTS. Frances A. Hemsley Address 578 W. Biddle St. 19. Sept. 15 19 47 Q. W. Reedstru Recture Restruction	23. SIGNATURE OF THE ACCOUNTY OF THE MAN D. OF OTHER M. D. O

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No....

I. PLACE OF DEATH: 13.04.		2. USUAL RESIDENCE (HOME) OF 1	DECEASED:	
County 2 2			73.07	
City or town	***************************************	State Md County	1 222 /0	0 00 000 000 000
How long in above place of death?		City or town	vrite RURAL and give nearest tow	m) .
Hospital, Institution, or street address where death accurred:	0/			.,
Vilver Goss Murse	ug Yours	Street No(If rural, give L(***********
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME	0		3. (b) Social Security Number	
Grace Darli	ng Tolmos		or (o) brown becauty manner	
	ried, widowed, or divorced			
		MEDICAL CER	TIFICATION	
Female White Ja	ngla	20. DATE OF DEATH September 2	24 19.47 at 2	:20Pm
9 (8) Name of Supheral or Mile		21. I CERTIFY that death occurred on the date above	stated: that I attended deceased from	
6.(b) Name of huebend or wife	***************************************	9-24-147	10 9-24-147	10
7. Birth date of	ive, give ageyears	and that I last saw h. er alive on not	seen alive	40
deceased (mo., day, yr.) Nov 28 1	866			
8. AGE: Years Months Days If	less than one day	Immediate cause of death		URATION
30 9 26	hrs min.	Cerebral Hemorrhag		mins
8. Birthplace Balto Md. (Town, county, and state)		Due to Caraca and Adams		2:
(Town, county, and state)		\$0.500 + 10.500 \$0.0000	.00.000.01.01.000.000.0000.0000.0000.0000	000000000000000000000000000000000000000
10. Veval occupation		Due to		
11. Industry or business				
12. Name Januare Wolms 13. Birthplace Em	(1	Other conditions.	***************************************	
Z 13. Birthplace Ex	igland	0 1 0 1 0 1 0 1 0 1 0 1	hass 70	Zen
	h	Cutalepay and Chile	the of death)	4.63
14. Maiden name Mary E. Ogs. 15. Birthplace	٠٤	Major findings of operations		
5 15. Birthniace	md			
200 () () D	ma Miara)	NONE	Transfer of the second	
2 2 -		PHYSICIAN: Please underline the cause to which		
Address 4305 Marble hill Ro	1. akts	PHISICIAN; Please underline the cause to which	death anould be charged statistica	ny.
	9/2/1/47	22. VIOLENCE: If death was due to external causes	, fill in the following:	
(Burial, cremation, or remora). Which?)	(month) (day) (year)	Accident, exicide, or homicide	Date of	
Cemetery of crametoxy and livel	1	Where did injury occur?NONE. (City or town)	888808888888888888888888888888888888888	02020000000000
Connected of Crementary	- m			
Location New Market	1 De g	injured at home, farm, industry, public place (where	(?)	
19. Funeral director	The state of	Means of Injury	Injured at work?	
Address 1219 of Land	3 8	, 23. SIGNATURE Dr D. D. E	aples med 9	70.
9-25 (1)	1 43 4 0	1/	M. D. or other	-
(Date reed by registrar)	Registrar	Addrese Reistorotow-	5 Md Date signed 9-2	4-47

How long In above place of death?..... Hospital, Institution, or street address where death occurred:

(If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DEATH:

How long in hospital or Institution?.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERT	ILIC.		OF	DE	TITE!
		A P.	1 1 1	J P . A	

E OF DEATH	Reg. Diat. No	42
2. USUAL RESIDENCE (HOME (For newborn infants give residence) State		:ove
Street No. 4404 Leec	mita, write RURAL and give nee LON give LOCATION)	Brest town)
2.(a) It veteran, name war		
ex	3. (b) Social Security	Number
MEDICAL 20. DATE DF DEATH.	CERTIFICATION 19 4 7	1,130/
21. I CERTIFY that death occurred on the date	above stated; that I attended dece	ased from
		DURATION
Immediato couse of death Cardiac	Jailer	
Due to Chronic	myocardity	
Due to	-	
	,	
Other conditions Chromic G	holicystates.	
(Include pregnancy withi	n 3 months of death)	•{
Major findings of operations		
***************************************	Date of op	
Actopsy results	o which death should he charged	statistically.
22. VIOLENCE: If death was due to externa	l causes, fill in the following;	
Accident, suicide, or homicide	Date ot	
	wn) (County)	(State)
Injured at home, farm, Industry, public place		••••
Means of Injury	Injured at work?	

ormation carefully. The death clearly and legibly

FOR BINDING

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123	3. (a) FULL NAME
ormati	theological 11) dollar
fo	many w. Hou
inf	4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced
of es	Wale white widows!
tem of	Made while wasting
ca	Vot. Trieda Hastes
e	6.(b) Name of husband or wife 1000 7100000
the	6.(c) If alive, give age
e v	7. Birth date of
ply eve write	deceased (mo., day, yr.) Lime 2, 1866
Supply every item of informaticase write the causes of death	8. AGE: Years Months Days If less than one day
lp]	61 1/ 0 18
Sca	8/ U 3 / 0hrs.
Supplease	Balting med
	9. Birthplace
N Su	Cown, county, and acate)
65	10. Usual occupation
UNFADING INK int. Physicians:	
by	ff. industry or business
AP	12. Name Frederick Holtgress 13. Birthplace Hermany
E	E
5 5	
t - 13	14. Maiden name Alma — 15. Rithplace Germany
-12	E H.
impor	E 15. Birthplace
	16 Interment Have Lambught
PLAINLY, is especially	
IJ:	Address 1448 Patapses avs
II.	Burial Pate therent 9.23.47
es]	17. /Sureaf Date thereof 7.83.7/
PI	(Burial, cremation, for removal, Which?) (month) (day) (year)
₩	Cemetery or crematory Loudon Park
WRITE	
R	Location 3801 Frederick Rd
	18 Europa director Starry W. Witake
	18. Funeral director
ES.	Address 4/01 6 dmon cloon die
LEA	muli out
3	1 2/2-3 ×7 A.41. Leduch
4	19. (Dafe rec'd by registrar)
	(Date tec (D) (discuss)

PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

City or townFOR (if o How long in above place Hospital, institution, or VAH Fort	imore t Howard utside city or town lin of death? TWO of street address where d Howard. Ma	lays eath occurred:	***************************************	2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother State	RURAL and give nearest town)
		days		2.(a) If veteran, name war	red
3. (a) FULL NAME	HOUSE			3.	(b) Social Security Number Unknown
4. Sei	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTI	
Male	White	Wid	ower	20, DATE OF DEATH September 11	19.47 ,a15:30 An
6.(b) Name of husband 7. Birth date of deceased (mo., day, y		§.(e)	House (nee Ayres	21. I CERTIFY that death occurred on the date above state September 9	10 September 11 19 47
8. AGE: Years 67		Oays	If less than one dayhrsmin.	Immediate cause of death HEMORRHAGE, CEREBRAL	3 days
10. Usual occupation 11. Industry or busines: 12. Name	Unemploy chael House Germany	red	ate)	Oue Io. Hypertension, Arteria Oue Io. Other conditions (Include pregnancy within 3 months	
15. Birthplace	nical Recor	nds	ward, Maryland	Major findings of operations	sth should be charged statistically.
Cemetery or cremato	y Baltimor	re Noti Tryland	on 1 Cemetary	22. VIOLENCE: II death was due to external causes, III Accident, suicide, or homicide	(County) (State)
	imore, Mary		-W. Hedrel	23. SIGNATURE ROBERT M. CULLISON Address VAH Fort Howard, Md.	Dale signed 701/47

-	-	~	-30

CERTI	IFICATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	State Maryland County Baltimore City or town Sudbrock Park (If outside city or town limits, write RURAL and give nearest town) Street No. 710 Cliveden Road (If rurat, give LOCATION)
3.(a) FULL NAME Della Aretta Howe	3. (b) Social Security Number
female 5. Color or race 6.(a) Singlo, married, widowed, or dive	MEDICAL CERTIFICATION 20, DATE OF DEATHSeptember15
6.(b) Name of husband or with Edward Martin Howe deceased (S.(c) it alive, give age (S.(c) it a	July 30 19 47 to September 159 47 and that I last saw h.or
16. Interment	Autopsy results. PHYSICIAN: Please underline the cause to which death shootd he charged statistically.
	Where did injury occur?
19. (Date ree'd by registrar) 19. (Date ree'd by registrar)	23. SIGNATURE & MELLINE M. D. or other M. Or other M. D. or other

PLEASE



Anna State Hotel Halls I have been

- Cillehain - 10 S. C. & 20 S. G. - 30 S.

STATE OF THE PROPERTY

Protein County To by L. P. C. Land Convey

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THE CONTRACT OF SALES

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Reg	g. E	Diat	. N	io.	_	(1	

CERTIFICATE OF DEATH

Male Colored Divorced. 6.(b) Name of husband or wife Divorced. 7. Birth date of decased (mo., day, yr.) 1-11-03 20. DATE OF OEATH. September 22. 1947. al. 1:10.4 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8. 19.47 to Sept. 22. 1947. 22. DATE OF OEATH. September 22. 1947. al. 1:10.4 M 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8. 19.47 to Sept. 22. 1947. 24. Immediate cause ul death Our Sept. 22. 1947. al. 1:10.4 M 25. Our of OEATH. September 22. 1947. al. 1:10.4 M 26. Our of OEATH. September 22. 1947. al. 1:10.4 M 27. Date of OEATH. September 22. 1947. al. 1:10.4 M 28. Our of OEATH. September 22. 1947. al. 1:10.4 M 29. Date of OEATH. September							-	
State. Maryland County (for town. Port Howard (for closed edity or town limits, write RURAL and give nearest town) (for town. Port Howard 45 Da.s. Magnital including in abset place of death? Magnital including in a forty defense where, death occurred: Web. Add. HOSS., Fort Howard, Maryland More long in haspital or institution? 45 Days. 3. (a) FULL NAME JAMES JACKSON 4. Set S. Color or race 6. (a) Single, married, victored, or divorced Male Colored Divorced. 5. (b) Name of hosbard or wide. Divorced. 5. (c) It silve, give age 7-2017 8. AGE: tears Banks Days Hisss than one day Tuber could set, yell and show stated. that I altereded deceased from Abdulated. Address Fort Howard, Maryland 11. Maryland State. Sanks Jackson Divorced. 5. (c) Name of hosbard or wide. Divorced. 5. (d) Name of hosbard. Divorced on the date above stated. that I altereded decoard from Abdulate or wide. Address Fort Howard, Name of hosbard. Divorced. Address Fort Howard, Maryland Divorced. NEDICAL CERTIFICATION DATE of the dat	1. PLACE OF DE	EATH:			2. USUAL PESIDENCE (HOME) OF	F DECEASED:		
City or form A. D. D. S. Bolt in the state of death? A. D. D. S. Bolt in the state piece of death? A. D. D. S. B.	County Balt	imore		••••••				
there long in absert size at leasts, and the state of the	City or town	ort Howard						
Street No. 120 Million or street softens where table occurred: WESS. AGM. HOSP., FORT HOWARD, MATYLAND (So long in hospital or institution? 45 DAYS 3. (a) FULL NAME JAMES JACKSON 4. See: JAMES JACKSON MEDICAL CERTIFICATION 20. Date of Death. See The Country Number Unknown MEDICAL CERTIFICATION 21. LESTIFY that Seath occurred on the date above stated; that I attended decessed from Annual Exp. 22. LESTIFY that Seath occurred on the date above stated; that I attended decessed from Annual Exp. 23. (b) Social Security Number Unknown MEDICAL CERTIFICATION 24. See: MEDICAL CERTIFICATION 25. Date of Death. See The Country of Death. See The	(11	outside city or town li	mits, write	RURAL and give nearest town)	City or town Baltinore	write DIIDAT and give near	et town	
there long in hospital or institution? 3. (a) FULL NAME JANES JACKSON 4. Set JANES JACKSON ACCIONATE OF Trace E(e) Single, married, widewed, or divorced Divorced. 6. (b) Name of husband or wite Divorced. 6. (c) It alive, give age Jean of husband or wite Divorced. 6. (c) It alive, give age Jean of husband or wite Divorced. 6. (c) It alive, give age Jean of husband or wite Divorced. 8. AGE: Years Meables Days It less than one day Janes Days It less than one day Janes Days It less than one day The bright date of deceased from Annual Set of the date above stated; that I attended deceased from Annual Set of the date above taked from Annual Set of the date above	How long in above place	e of death?	death occurre	d:				
See	Vets. Adm	. Hosp., Fo	ort Ho	ward, Maryland				
Solid or race S. Color or ra	How long in hospital	or Institution?	45 D	ays	11 11 11 11		V.	
4. Set 5. Color or race 5. Color of Divorced. 5. (b) Name of husband or wife Divorced. 5. (c) If alive, give age 79277 1. Birth date of deceased (mm., day, r) 1-11-03 8. AGE: Tears Months Days If less than one day 11 11 12 12 13 14 13 14 14 14 14 14	3. (a) FULL NAM	1E				3. (b) Social Security N	umber	
Male Golored Divorced. 5.(b) Name of husband or wife Divorced. 5.(c) Name of husband or wife Divorced. 5.(c) Name of husband or wife Divorced. 5.(d) Name of husband or wife Divorced. 5.(e) It alive, give age years deceased (me., day, yr.) 1-11-03 8. AGE: Tears Mainhs Days (files than one day 44 8 11 hrs. min. 9. Birthplace. Derlington, S. G. (Town, county, and state) 10. Usual occupation. Laborer 10. Usual occupation. Laborer 11. Industry or business 12. Name. Charles Jackson. 13. Birthplace South Carolina 14. Maiden name. Emma Pierce 15. Firthplace South Carolina 16. Informant Glinical Records, Vet., Adm. Hosp., Address Fort Howard, Maryland 17. (turial, cremation, or removal, Which) 18. Foreral director Charles R. Law 18. Foweral director Charles R. Law 19. South Maison Ave., Balto., Md. 20. Alf of the Maison Maryland (County) (May) (year) 10. Usual occupation. Goldina (County) (May) (year) 11. (turial, cremation, or removal, Which) 22. VIOLENCE: It death was due to esteral causes, fill in the following: Accident, sucked, or homidide. 22. Disconting the cause of which death should be chared statistically. 23. SIGNATURE Robert M. County) (County) (State) 10. Usual occupation. Laborer 11. (turial, cremation, or removal, Which) 12. Where did injury accur? (City or town) (County) (State) 13. Injured at home, farm, industry, public place (where?) 14. Maiden same. Emma Pierce 15. Signature of deeth 16. (County) (State) 17. (Usual, cremation, or removal, Which) 18. Foweral director Charles R. Law 20. Maddress 20. Matter for death secured on the date above states; that lationed deceased from All (May) (May) 21. (Industry to busines) 22. (Industry to busines) 23. Signature of death 24. All (May) 25. (Cremetry or cremation, or removal, Which) 26. (Cremetry or cremation, or removal, Which) 27. (Cremetry or cremation, or removal, Which) 28. Active on Scapt. 22. 29. (Industry to busines) 29. (Cremetry or cremation, or removal, Which) 29. (Cremetry or cremation, or removal, Wh		J.	AMES J	ACKSON		Unknown		
5.(b) Name of husband or wife. Divorced. 5.(c) It alive, give age years deceased (mo. day, yr.) 1-11-03 8. AGE: Years Months Days (Hess than one day 44 8 11 hrs. min. 9. Birthplace. Darlington, S. C. (Town, county, and state) 10. Usual occupation. Laborer 10. Usual occupation. Laborer 11. Industry or business 12. Name Charlas Jackson 13. Birthplace South Carolina 14. Maiden name. Emma Pierce 15. Birthplace South Carolina 16. Informant Glinical Records, Vet. Adm. Hosp. Address Fort Howard, Maryland Burial 17. Cemelery or crematory. For burial 18. Funeral director. Charles R. Law Address Charles R. Law 802 Madison Ive., Balto., Md. Address R. Law 802 Madison Ive., Balto., Md. Address R. Law 802 Madison Ive., Balto., Md. Address R. Law 802 Madison Ive., Balto., Md. 23. SIGNATURE CULLISON. D. CLIM M. Deprocher	4. Sex				MEDICAL CE	ERTIFICATION	FO TO E	
ALCUST S., 19.47 to Sept. 22, 19.47 to Sept. 23, 19.47 to Sept. 24, 19	Male	Colored	Di	vorced.	20. DATE OF DEATH September 2/	2., 1947	al.1:104.M	
Sign and that last seed (mo. day, yr) 1-11-03 S. AGE: Years Months Days Hess than one day Hess		Diron	500		21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceas	ed from	
7. Birth date of deceased (mo. day, yr.) 1-11-03 8. AGE: Years Months Days If less than one day 44 8 11	6,(0) Name of husban				August 8.	47 to Sent 22,	1947	
deceased (mo., day, yr.) 1-11-03 S. AGE: Years Months Days If less than one day Tuberculosis, pulmonery, bilateral With cavitation With cavitation Pluss. Major fundings of uperations Due to.	7 Dieth date of		6.	(c) It alive, give ageyears	and that I last saw h 1M alive on Sen:	t 22	19/,.7	
9. Birthplace Derlington, S. C. (Town, county, and state) 10. Usual occupation Laborer 11. Industry publices 12. Name Charles Jackson 13. Birthplace South Carolina 14. Maiden name Emma Pierce 15. Birthplace South Carolina 16. Informant Clinical Records, Vet. Adm. Hosp. Address Fort Howard, Maryland 17. Usurial, cremation, or removal, Which?) 18. Cemetery or crematory 19. Body shipped to Darlington, S. C. Cemetery or crematory 19. For burial 19. Funeral director. Charles R. Law Address Ad		yr.) 1-11-03						
9. Birthplace Derlington, S. C. (Town, county, and state) 10. Usual occupation Laborer 11. Industry publices 12. Name Charles Jackson 13. Birthplace South Carolina 14. Maiden name Emma Pierce 15. Birthplace South Carolina 16. Informant Clinical Records, Vet. Adm. Hosp. Address Fort Howard, Maryland 17. Usurial, cremation, or removal, Which?) 18. Cemetery or crematory 19. Body shipped to Darlington, S. C. Cemetery or crematory 19. For burial 19. Funeral director. Charles R. Law Address Ad	8. AGE: Yea	rs Months	Days	If less than one day	Tuberculosis, pulmons	ry, bilateral	11 2	
9. BirthplaceDarlington, S. C. (Town, county, and state) 10. Usual occupationLaborer 11. Industry or business 12. NameCharles. Jackson 13. Birthplace South Carolina 14. Maiden nameEmma Pierce 15. Birthplace South Carolina 16. InformantClinical Records, VetAdmHosp Address Fort Howard, Maryland 18. Burial (Burial, cremation, or removal. Which) Cemelery or crematoryBody shipped to Darlington, S. C. Location 18. Funeral directorCharles.R. Law Address 802 Madison Ave, Baltp., Mid. 23. SIGNATURECULLISCOB. CLIL. B. Desorber. 24. CULLISCOB. CLIL. B. Desorber. 25. Cullisco 26. County, and state) 19. Usual occupation 10. Usual occupationLaborer 10. Usual occupationLaborer 11. Industry obusiness 12. NameCharles.g. Callington, S. C. (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of death) Major findings of uperations (Include pregnancy within 3 months of least operations	4.1	4 8	11	hrsmln.	with cavitation		_	
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11. Industry or business 12. Name		Labonen						
12. Name Charles Jackson 13. Birthplace South Carolina 14. Maiden name Emma Pierce 15. Birthplace South Carolina 16. Informant Clinical Records, Vet. Adm. Hosp. Address Fort Howard, Maryland Burial 16. Burial Charles R. Law Cemetery or crematory Charles R. Law Address 802 Madison Ave., Baltp., Address 802 Madison Ave., Baltp., Address R. Law					Oue to		*********************	
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14. Maiden name	12. Name			***************************************	Other conditions	***************************************	*************************	
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Address Fort Howard, Maryland 17. Burial 18. Informant Clinical Records, Vet. Adm. Hosp. Burial 19. Burial 10. Body shipped to Darlington, S. G. Cemetery or crematory for burial 19. Location Charles R. Law Address 802 Madison Ive., Baltp., Md. Address 802 Madison Ive., Baltp., Md. Address Clinical Records, Vet. Adm. Hosp. Autupsy results. Substantiated above. Autupsy results. Substantiated above. Autupsy results. Substantiated above. PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home farm, Industry, public place (where?) Means of Injury R. M. GULLISON, L.D. CLIL M. B. GOLLISON, L.D. CLIL M. G. GOLLISON, L.D. CLIL M. G. GOLLISON, L.D. C	# 14. Malden name	e Emma Pier	Ce	•	Major Endings of operations		*******	
Address Fort Howard, Maryland 17. Burial 18. Informant Clinical Records, Vet. Adm. Hosp. Burial 19. Burial 10. Body shipped to Darlington, S. G. Cemetery or crematory for burial 19. Location Charles R. Law Address 802 Madison Ive., Baltp., Md. Address 802 Madison Ive., Baltp., Md. Address Clinical Records, Vet. Adm. Hosp. Autupsy results. Substantiated above. Autupsy results. Substantiated above. Autupsy results. Substantiated above. PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home farm, Industry, public place (where?) Means of Injury R. M. GULLISON, L.D. CLIL M. B. GOLLISON, L.D. CLIL M. G. GOLLISON, L.D. CLIL M. G. GOLLISON, L.D. C	LOW 15 Righniage	South Carol	ina					
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lnjured at home farm, Industry, public place (where?) 18. Funeral director. Charles R. Lew Address 802 Madison Ave., Baltp., Md. 23. SIGNATURE. Robert M. Bulluson. R. M. GULLISON, L.D. CLI. M. D. optother	(Burial, crematic	on, or removal. Which?)	(month) (day) (year)				
lnjured at home farm, Industry, public place (where?) 18. Funeral director. Charles R. Lew Address 802 Madison Ave., Baltp., Md. 23. SIGNATURE. Robert M. Bulluson. R. M. GULLISON, L.D. CLI. M. D. optother	Cemetery or crema	Body sh	ipped	to Darlington, D.	• Where did Injury occur?(City or town)	(County)	(State)	
18. Funeral director. Charles R. Law Address 802 Madison Ave., Baltp., Md. 23. SIGNATURE Robert M. Culluson, D. CLI. M. D. optother R. M. CULLISON, D. CLI. M. D. optother		for	buria.		Injured at home farm, Industry, public place (w)	here?)		
18. Funeral director. Charles R. Law Address 802 Madison Ave., Baltp., Md. 23. SIGNATURE Robert M. Culluson R. M. GULLISON, M.D. CLII. M. B. or other R. M. GULLISON, M.D. CLII. M. D. or other				••••••••••••••••••••••••••				
Address 802 Madison Ive., Balto., Md. 23. SIGNATURE ROBERT M. D. CLI. M. D. Orother R. M. CULLISON, L.D. CLI. M. D. Orother	1B. Funeral director.	Charles R	. Law		Means of this is	O 11		
9 2 4 40 CLI M. D. or other R. M. CULLISON, M.D. CLI M. D. or other		802 Madis	on Av	e., Balto., Md.	Robert M	Cullero	h	
19. Registrar Addrace V.A. H. OLT HOUNTS Date signed 9-22-47	0 5	d de	1	MATA	23. SIGNATURE CILLI	CIT M. D. or	other	
	19.	19 7	- 41.a	Registrar	Taddress V.A.H. IOLT HOMA	Date signed	2-22-47	

FOR BINDING RESERVED MARGIN

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

The correct age

PLEASE WRITE PUAINLY, I sepecially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE			2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Balts	more			
ity or town Fort	Howard	mits, write RURAL and give nearest town)	State Maryland County	
(If c	of death? 166	days	City or town Baltimore	arest town)
tospilal, institution, or	street address where	dealh occurred:	Street No. 225 S. Green Street	
Vet's Adm	. Hosp. Fo	rt Howard, Md.	(If rural, give LOCATION)	./
How long in hospital or	Institution?166	days	2.(a) If yeleran, name war	
3. (a) FULL NAM	E		3. (b) Social Security	Number
F	HARRY JENIE	PER		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Widowed	20. DATE OF DEATHSeptember 6	at 8606P
	or witeWidow	red	21. I CERTIFY that death occurred on the date above stated: that I attended deco	
			March 24 19 47 to Septembe	r619.47
7. Birth date of			and that I last saw himalive on September6	19.47
deceased (mo., day,			Immediate cause of death	
8. AGE: Years	s Months	Days It less than one day	Tuberculosis, pulmonary, chronic,	7 1.05
48	5 0	14hrsmin.	cavitation	plus
9 Rirtholace Be	ltimorel	la ryland county, and state)	Due to	
1D. Usual occupation.	LADOFEL		Due to	***
11. Industry or busines				
12. Name		ifer	Dther conditions	
		, Maryland	(Include pregnoncy within 3 months of death)	
14. Maiden name	Lillian O	wens , Maryland ords Vets Adm. Hosp.	Major findiogs of operations	
EOW 15 Birthslass	Baltimore	. Narvland	Major findings of operations	
21 15, Bittiplace	Indeal Bear	nde Toke Adm Toen	Aolopsy resolts. Substantiated above.	
			PHYSICIAN: Please underline the cause to which death should be charged	d statistically.
Address Fol	rt Howard,		22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
17 Buria	n, or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation	n, or removal. Which?	e National Cametery	Where did Injury occur?(City or town) (County)	(State)
Cemetery or cremat		re, Maryland		
Location	Dat orlion	e, maryrand	Injured at home farm, industry, public place (where?)	*****
18. Funeral director	Charles	R. Law	Means of Injury Injured at work?	
		a Ave., Balto., Md.	Robert M. Culleson	7
	1/0	1.6 4 0.0	23 SIGNATURE R. M. CULLISON, M.D. CLIN M. P.	or other
19.	egistrar)	N-W Registrar	VAU POPT HOTAT ID	9-8-47
(Date lecki Vy r	egistrar)	Dm Registrar	Address	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

	imore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County		
How long in above place	ot death? 1 street address where t Howard,	day death occurred Maryla	URAL and give nearest town) : nd	State		
3. (a) FULL NAM	ERT W. JOH			3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	Ma	rried - Sep.	2D. DATE DF DEATH. September 16 19.47	. 8:18 P	
1. Dirtii date ot	F1 1 66	6.(6	SON 2) If alive, give age 40 years	21. I CERTIFY that death occurred on the date above stated; that I attended decession September 15	r 1619 47	
deceased (mo., day,)		Days	If less than one day	Immediale cause of death		
8. AGE: Years		72	hrs min.	Tuberculosis chr. pul. active	Unknown	
9. Birthplace	Laborer	,, ,	tate)	Due to		
置 12. Name		nson		Other conditions		
置 14. Maiden name.	Mary Brown	n		(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant			Vets.Adm. Hosp.	Actopsy results		
Address Fort Howard, Merland 17. (Burill Genation, or removal. Which?) Cemetery or crematory Collan Mountain (Bay) (year) Location F. M. Market Ma				22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)	
1B. Funeral director	2 1 - n.	Mov	mt st	23. SIGNATURE Robert M. Cillison	or other	

Registrar Address ...

correct age

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07767

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn Infants give residence of mother)		
VUBITY	State Maryland county Calvert		
Cily or town			
How long in shove place of death?	City or town Dunkirk (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Rosewood State Training School	Street No.		
++1010100101010111111111111111111111111	(If rural, give LOCATION)		
How long in hospital or institution? 10 yrs. 8 ma. 1 da.	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Thomas Buckler Jones			
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH Sept. 20 19.47 at 9:15A M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B,(b) Name of husband or wife	Jan. 19 1937 10 Sept. 20, 19 47		
7. Birth date of	and that I last saw h im alive on Sept. 20, 1847		
deceased (mo., day, yr.) Sept. 29, 1923	Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day	Epileptic Convulsion lmmedia		
23 11 22hrsmin.			
9. Birthplace	Due to Epilepsy 10 yrs		
10. Usual occupation Inmate: Rosewood State	Dige to		
11. Industry or business Training School, Owings Mil	LS		
- 1-1 - AA	C . Other conditions.		
12. Name James Buckler 13. Birthplace Calvert Co.			
	(Include pregnancy within 3 months of death)		
14. Maiden name Blanche Tucker 15. Birthplace Calvert Co.	Major findings of operations. None		
	None Date of op. None		
18. Informant Institutional Records, Rosewood	Antonia results		
State Training School, UWINES	PHYSICIAM: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: tt death was due to external causes, till in the tollowing:		
17. (Burlal, cremation, or removal, Which?) Dale thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Statos ph Woodlawn	Where did Injury occur?		
30140	NONE Injured at home, farm, Industry, public place (where?)		
Location Salo.	Means of Injury Injury Injured at work?		
18. Funeral director form Comparation	0 0 1 0		
Address 3000 & Baltimore &	23 SIGNATURE George (medacry m. D.		
" Sout-20 "47 Mary & Filing.	M. D. or other		
(Date roc'd by registrar) Registrar	Address Owings Mills, Md. Date signed 9/20/47		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	07768
Reg.	Dist. No

L. PLACE OF DEATH: County Baltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)					State Maryland county Baltimora		
How long in above place of death? 1 mo.e. 16 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 1 mo.e. 16 days					City or town Raltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1620 Rutan Place (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAM				3. (b) Social Security			
Jowann	witch. Ste	ven					
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CERTIFICATION		
Male	White	Ma	rried		20. DATE OF DEATH September 23. 19.47	. 5:55 Fr	
6.(b) Name of husband	or wife	Lon Jo	nanowitch		21. I CERTIFY that death occurred on the date above stated; that I attended dec		
7. 8irth date of		6.(c) If allve, give age32	years	and that I last saw h im alive on Saptember 23,		
deceased (mo., day,)		7. 190 Days	1 If less than one day		Immediata cause of death. Acuta myacardial	DURATION	
8. AGE: Years		29	hrs.	min.	failure:	12 hrs.	
	Repair 18	<u> </u>	td.		Oue to. C.s. N.a. S.a. INCS.a. Due to.	vears	
13. Birthplace	rank Jowa		1		Other conditions		
15. Birthplace	Hungary				Major findings of operations		
	iospital Re Catonsville		rland -		Autopsy results	statistically.	
3	or removal. Which?	Date ther	9-26-4	ar)	22. VIOLENCE: II death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location	Jane.	1	W Carely		Injured at home, farm, industry, public place (where?)		
18. Funeral director	/130	8. 4	out level.	7	23. SIGNATURE ISADORA THORK, M.D.		
19 5-2 (Date rec'd by re	(19)	de	Hole	gistrar	Address Spring Grove State Hospita Date signed		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4 DI 107 OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:		
1. PLACE OF DEATH: County. BALTIMORE	(For newhorn infants give residence of mother)		
	State Md County BALTIMORE		
Cily or town	City or town SPARROWS POINT		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Streel No. 406 "F" ST REET		
	(If rural, give LOCATION)		
How long in hospitat or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Love Carvel July	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, of divorced	MEDICAL CERTIFICATION		
F MW WIDOWED	20. DATE DE DEATH. 20. 19 47.21. 737a		
6.(b) Name of husband or wife	21. I CERTIFY hat death occurred on the date above stated; that I attended deceased from		
	Jan. 1947 19 Says + 2/19 47		
7. Birth date of TA 4/ 3 F	and that I last saw h and live on 19.		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Carried our		
67hrsmin	n.		
9. Birthplace WASHINGTON TNBIANA (Town, county, and state)	Due to Carrier James Visas		
10. Usual occupation			
0 11 11 11 11 11	Due to		
11. Industry or business OWN HOME (UNTROOP) STEVENS			
Ta. Maine.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name.			
14. Maiden name	Major findings of operations		
El 15. Birthplace	Dale of op.		
16. Informant MRS. MILDRED HINES	Autopsy results		
Address 8531 ALLENTOWN Rd. WASH P. C			
	no Wild PNCE. If don't was due to external causes till in the following:		
17. REMOVAL Date thereon ETT. 21, 174 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory OAK GROVE	Where did injury occur?		
MARKINATON THE ANA	Injured at home, farm, Industry, public place (where?)		
Location WASHINGTON, INDIANA.			
18. Funeral director WILLIAM COST, INC.	Means of injury Injured at work?		
19 19 ST PAUL ST			
Address /2// ST. FAUL ST.	23. SIGNATURE		
10 Sept 21 1047 dawson 2. Jarber	DCL CD M. D. or other 9.21.4		
(Date rec'd by registrar) Que RE 7. Registra	ar Address 820 28t. Spf 19 Date signed 9.21.4		

SEP 23 1947

MARYLAND STATE DEPARTMENT OF HEALTH

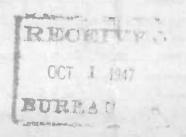
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

07774 3 Reg. Dist. No. 4 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Balto.	state Md county Balto		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city of town limits, write RURAL and give nearest town)		
How long In above place of death?			
Hospital, institution, or etreot addross where death occurred:	Streel No. C. 7.0.5 S. Po. a.d. (If rural, give LOCATION)		
How long in hospital or institution?	2.(α) If voloran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Barbara C. Hahl			
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorcod	MEDICAL CERTIFICATION		
Female White Widowed	2D. DATE OF DEATH. Sept. 21 21 19.47 at 8 34		
S.(b) Name of husband or wife Henry Jahl	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from		
	Ougust 25, 1847 to Sept 21 1847		
7. Birth date of doceaced (mo., day, yr.) Dec. 12 th 1869	and that I last eaw matter. Alive on		
8. AGE: Yeers Monthe Days If less than ono day	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
7 7hrsmin.			
	Ca Sir, Vascular Horkertennie		
9. Birthplace J30 / Fo. Co. Md. (Town, county, and state)	Queal 5 years		
10. Ueual occupation a f 40 m	Punto arterioaclerai 5 years		
11. Iodustry or business	DUE 16.		
	Dither conditions		
12. Name VOSeph Noppenberger 13. Birtholace Germany			
E Mille	(Include pregnancy within 3 months of death)		
14. Maidon name Mary Miller 15. Birthplace Germany	Major fiedings of operations		
El 15. Birthpiace	Date of op.		
16. Informant / 7x . U O S . / Ca Li	Actorsy results		
Address doppa 18d. Fullerton	22. VtOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, eulcide, or homicide		
st lasante Can	Whera did injury occur?		
Comotory or crematory JT. Jo 3 e.p. 4.5			
Location / Ja / to, Lo. Md	Injured at home, farm, industry, public place (where?)		
18. Funerel director Landen James of Han	Means of Injury Injured at work?		
Address 7401 Belais Rd.	miled D. Dand M. D.		
	23. SIGNATURE M. D. or other		
19. Alst 2/ 19 47 ma a. A. Reifsmile	Address / M. Overles are Date signed 9/21/41		



VS A150 9.45-15M

BEADVE	CHARLE	CTATE	DEDADTMENT	OF	THE AT	TT
MAKILA	עוא	SIAIL	DEPARTMENT	Uľ	HEAL	11

2411 N. Charles St., Baltimore

TH

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Balto.		
Cily or town Lockhearn (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Lockhearn		
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MORELL HOFFMAN KEIS	STER		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH Sept. 19, 19.47 at 6:00 pa		
6.(b) Name of husband or wife Sarah L. Keister 6.(c) It alive, give age years 7. Birth date ot deceased (mo., day, yr.) Sep. 15, 1886			
8. AGE: Years Months Days It less than one day 60 9 4 hrsmin.	Earonay Phrombons 7 weeker		
9. Birthplace	Due to		
E 12. Name William L. Keister 13. Birthplace Md.	Other conditions		
14. Malden name. Mary Eliza Hoffman 15. Birthplace Balto., Md.	Major findings of operations.		
16. Informant Mrs. Sarah L. Keister	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 3609 Sylvan Drive 17	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
18. Funeral director WM . J. TICKNER & SONS Balto., Md	Misens of injury Injured at work?		
19. 9 2 319 47 Will Mc Array (Date ree'd by registrar) Registrar	23. SIGNATURE Q . 3 · GUSOT M. D. — Abor Address / 2 0 / Gov & M. D. Date signed 9 - 21 - 47		

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County	***************************************		
3. (a) FULL NAME Oliva Alice Klinefelter 4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. September 18 19. 47. at 8.8. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Oliva Alice Klinefelter 4. Sez 5. Color or race 6. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. September 18 19. 47., at. 8.2 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	*********		
Ferrale Clite Jugle 20. DATE OF DEATH. September 18 19. 47, at 8.3 8.(6) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
0.10 147	30P #		
T But late of not span a live			
deceased (me, day vr.) / AAA 2 2 6 4 1 6 6 9			
8. AGE: Years Months Days If less than one day	NATION		
Balta yedin	mins		
10. Usual occupation	*************		
11. Industry or busineee 12. Name			
14 Moiden name Cluve Klusehelter (Include pregnancy within 3 months of death)			
15. Birthplace 16. Informant Major findings of aperations. NONE Date of op. Autopsy results.	************		
Address 4106 Boarman Gue 17. Burial; cremation, or remoyal. Which?) Date thereof. (honoth) (day) (year) Date of			
Cemetery or crematory. Gelles and a County County Where did injury occur? NONE (City or town) (County) (State)	10 00 00 00 00 00 00 00 00 00 00 00 00 0		
18. Funeral director			
Address & Goodward Flace 19. Selpt 19. 47 A.W. Helief (Date registrar) Address Reisterstown, 1860. Bate signed 9-1			

Registrar Address Reisterstown,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg.

0			2	2
DIST	INO.	 		

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of the state of th	F DECEASED:	
County	Dileagrei 7	70	***************************************	State Md. County		
City or town(If ou	tside eity or town l	imits, write H	URAL and give nearest town)			
How long in above place of death?				City or town Pikesville (if outside city or town limits		
Hospital, Institution, or s	street address where	death occurred	l:	Street No. Mt. Wilson La		
	Mt. WILSO	n Lane		(If rural, give	LOCATION)	
How long in hospital or i	Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
			DR. ERNEST A.	KNORR	ent das	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		ERTIFICATION	
male	white	n	narried	20. DATE OF DEATH Sept. 30.	19.47 ,at 8:50p	
			orr(neeEverett)		4) 10 Defaterater 30 19 4	
7. Birth date of deceased (mo., day, yr.	Nov.	5. 187	7.5	and that i last saw h. Mel. alive on . Sulph		
8. AGE: Tears	Months	Days	If less than one day	Immediate cause of death	DURATION	
71	10	25	hrsmin.	Horac Hneury	sm afril-14	
9. BirthplaceBa	ltimore	eounty and	state)	Due to.		
				arterio selvas		
		J	B	Due to		
11. Industry or business						
12. Name	Charle	s.J.Kr	orr	Dither conditions		
	Bal-	timore.	-Md.	(Include pregnancy within 3 r	months of death)	
HLOW 14. Maiden name	Clara	Stuart		Major fiedings of operations		
LOW 15 Birtholace			id.	Major hodings of operations.		
				Autopsy resolts.		
16. Informant	ursElsi	e-May-K	norr	PHYSICIAN: Please underline the cause to wi	hich death shootd he charged statistically.	
Address	Mt. W	ilson I	ano, Pikosville	22. VIOLENCE: If death was due to external cau	ises, till in the following:	
IIBu	rial	Date ther	eof	Accident, suicide, or homicide		
(Burial, cremation,	or removal. Which	?) A 16 7 NT - (*TE'N)	(month)/(day) (year)			
Cemetery or cremator	y	ANIA OLDE		Where did Injury occur?(City or town)		
Location	W	oodlawr	, Md.	Injured at home, farm, industry, public place (wi	here?)	
				Msans of Injury	Injured at work?	
			HR-&-SONS	600	-BIFT	
Address	Ba	lto., N	ld.	23. SIGNATURE TOTAL	Bubert ma	
19. Oct	3 19 4	7	P. W. Hedrick Registrar	Address 4803 Park Skeyle	4- AN Date signed 10/2/4	

Was not due & fythelis -

10

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CLRTITICAL	E OF DEATH Reg. Dist. No. T.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Fred F. J. Lang.	3. (b) Social Security Number
Male While Single, married, widowed, ordivorced	MEDICAL CERTIFICATION 20. DATE DF DEMTH. 24 1947. 21 4
6.(b) Name of husband or wife	21. I BERTIFY that death occurred on the date above stated; that I attended deceased from 19
### deceased (mo., day, yr.) May 15th, 1883 8. AGE: Years Months Days If less than one day	Immediate cause of death occurrent Superior
Baltimore, Md. (Town, county, and state) 10. Usual occupation. Blacksmith 11. Industry or business Mt. Clare, B & O R.R.	Due to
12. Name Christian Lang 13. Birthplace Germany	Dither conditions
14. Maiden name Nary Schwartzenburg 15. Birthplace Germany	(Include pregnancy within 8 months of death) Major findings of operations.
16, Informant Mrs. Augusta Foerster Address 1802 N. Montford Ave.	Actorsy results
Date thereof 9/27/47 (Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof 9/27/47 (month) (day) (year) Immanuel	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Baltimore, Md. 18. Funeral director Lassaha Funeral None	Injured at home, farm, Industry, public place (where?)
Address 7401 Belair Rd. 19. Sept 30 18 47 Wansen L. Farber (Date registrar) Registrar	23. SIGNATURE MUCALINATION OF THE STORY OF T

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 12 alleman	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Med County Dellurs
How long in above place of death? 25 47	(if outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
The principal of the control of the	Street No. 5600 Selva Go
	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Margares E. Leab!	o. (o) becare becarey realises
4. Sex 5. Color or refe b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I male White W. Jowed	2D. DATE OF DEATH SOP. M
8 (b) Hame of bushand or wife of the derick for feel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hame of husband or wife.	
6.(c) If allve, give age	19.72 to sefor 12 19.41
7. Birth date of	and that I last saw h. R. alive on
deceased (mo., day, yill	Immediate cause of death
8. AGE: Years Months Days If less than one day	
77 8 78 Lhrs	
ρ	There as see augus 473.
9. Birthplace (Town, county, and state)	Due to.
(Town, county, and state)	Muy contre decurped
10. Usual occupation Dow Seur Co	8-0-
11. Industry or business	
× 1	1964
12. Name Nora T Bechuirl.	Other conditions
13. Birthplace Balto N.L.	
	(Include pregnancy within 8 months of death)
14. Malden name. Many and Hayes. 15. Birthplace Bello - Nes	Major findings of operations
2 15. Birthplace Gelta hes	
A .	
16. Informant & next leaf -	Antopsy results.
Address & 600 Selma Gre - 27	PHYSICIAN: Flease underline the cause te which death should be charged statistically.
1 6 14	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof SEPT (a - 1947) (month) (day) (fear)	Accident, suicide, or homicide Date of
1011	
Cemetery or crematory LOUDON PARK	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director has I overso Jon	Means of Injury Injured at work?
1.00 mN (P /1/1:1/	5
Address 10 1 100 Dayal W.	as sources of the sound I dealler
101+15 15 Bull 11.1.	23, SIGNATURE M. D. or other
19. (Date ref. d by registrar) Registrar	Address 10.4 Francis Cre. Idelle 17 Date signed 9-12-47
The state of the s	Anni Coo

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07776

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town. (If outside fity or town limits, write RURAL and give nearest town)	Slale County Balto City or town Calgata, write RURAL and give nearest town)
How long in above place of dealh? Hospital, Institution, or street address where dealh occurred: 7940 Castura	Sireet No. 7940 & astern
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME John M. Lowrey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. Soph 13 1947 21460 A
6.(b) Name of husband or wite Inarie (Hartman)	21. I CERRY that death occurred on the date above stated: that I allended deceased from
7. Birth date of deceased (mo., day, yr.) and -18-1863	and that I last saw house alive on
8. AGE: Years Months Days If less than one day 25 hrsmin.	Materia Plusse 149.
9. Birthplace (Town county, and state)	Due 10
10. Usual occupation	Due 10
12. Name Charles Lowrey 13. Birthplace Balto	Other conditions
HUN 14. Maiden name. M. C. Calary 15. Birthplace & a.	(Include pregnancy within 3 months of death) Major findings of operations.
Tura marie James	Actory results.
Address 7940 Eastern Ceyte	PHYSICIAN: Please anderline the cause to which death abould be charged statistically.
Address / 4 / 6 astern Clyfe 17 Surial Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Tocalion Gaslery Cut Ka	Injured of home, form, Industry, public place (where?) Means of Injury Injured al work?
Address 418 Eastern Cirk	Luca FWith m. D.
19 Sept. 15 of 19 47 Jehn G. Comelly (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE 160 1 Eastern Rue, M. D. or other Address Taltung 24 Med Date signed 9/15/47

PUREAU * 8

Reg. Diat. No.

1. PLACE OF DEATH:
Baltimore

CERTIFICATE	OF	DEATH	6
-------------	----	-------	---

2. USUAL RESIDENC	E (HOME	E) OF DECEASED:
Siate Md.		County Balto.
City or town	spebur	S
Sireei No. Trump		Road

City or town	aspeburg	nits, write }	RURAL and give nearest town)
How long in above place of Hospital, Institution, or s	death? lif	ealh occurre	
How long in hospital or	institution?		
3. (a) FULL NAME			
MARG	FARET		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced
female	white	n	arried
6.(b) Name of husband o	r wife Geo	rge V	Lutz
***************************************		6.	c) tf alive, give ageyears
7. Birth date of deceased (mo., day, yr.	June 4	th, 1	.868
8. AGE: Years		Days	If less than one day
79	3	5	hrsmin.
9. Birthplace			Ad.
10. Usual occupation		* . T. X	
11. Industry or business	7	77433	
12. NameV	alentine Balto.		
- 4	Julia - unkno		
16. Informant			feifer,
Address T	rump Mil	1 Rd.	,Raspeburg,Md.
			reof Sept. 12, 1947 (month) (day) (year)
Location S.t.	emmers R	un. l	vid.
1B. Funeral director	augh	J	meral Home
	401 Bels		
" rept 1	0- 1044	mo	9. L. Reifsmidy

3. (b) Social Security Number none MEDICAL CERTIFICATION DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (County) (State) (City or town) tnjured ai home, farm, industry, public place (where?) Injured at work? Means of injury

age

information carefully of death clearly and

ly every item of write the causes

ADING INK. Supply Physicians: please wr

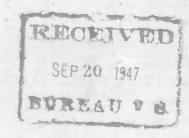
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(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

PLEASE



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4			CERTIFICA	Reg. Diat. No	*******
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	

City or town	Moodstock.	imita, write l	RURAL and give nearest town)	State Mary Land County Baltimore	
				City or town WOOdstock (If outside city or town limits, write RURAL and give neares	
Hospitat, Institution, or	etrnet address where	death occurre	d:		
D	avis Ave.	*******************		Street No. Davis Avenue (If rural, give LOCATION)	••••••
How long in hospital or				2.(a) It veteran, name war.	
3. (a) FULL NAM	Ē			3. (b) Social Security Nu	
_	Frede	rick	Matthes		
-4. Sex	5. Color or rach		le, married, widowed, or divorced	MEDICAL CERTIFICATION	
24.2			W.		
Male	White	1	Widowed	20. DATE OF DEATH September 9 147 no	.5 P.
			les	21. I CERTIFY that death occurred on the date above stated; that I attended decease 9-9-147 15	
7. Birth date of	A	6.(c) If alive, give ageyears	and that last saw him alive on not-seen alive	19
deceased (mo., day, y		18, 1	.868	Immediate cause af death.	DURATION
8. AGE: Years	Months	Days	If lees than one day		
7	9 _	21			Instant
9. Birthplace	Germany	county and	state)	Due to	
			mith	***************************************	•••••••••••••
		atti adaysa, butili ba dod	++	Duo to	************************
11. Industry or business					140 00101111111111111111111111111111111
E				Other conditions	• • • • • • • • • • • • • • • • • • • •
13. Birthplacn	Germa	ny		(Include pregnancy within 3 months of death)	
14. Maiden name	Unkno	wn.	***************************************		
D 45 Birtheless	Germa		and the same of th	Major fiadings at operations.	
				NONit	
-			***************************************	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged stat	
Address Da	avis Ave.	Grani	te. Md.		indeany.
35 A 311				22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
17. Burial, cremation	or removal. Which?) wate there	Sept. 12, 1947 (month) (day) (year)	Accident, suicide, or homicide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cemotory or cremato	y Mt. O	live C	emetery	Where did injury occur? NONL (City or town) (County) (S	State)
Location	Randa	llstor	6, Md.	Injured at home, tarm, Industry, public place (where?)	
18: Funeral director	2/1/1	7/a	moren	Moans of injury injured at work?-	
	.0 Liberty	Height	ts Ave.	0 00 0 5	00
			4	23. SIGNATURE Dr. A. D. Eagler, me	1. Cyan
19. (Date ree'd by res	19 7	×	W. Georgistrar	Addross Reisterstown, Md - Date signed 9-	-9-147
(Date reekt by rea	(Istrar)		Registrar	Addross 10 10 00 10 00 11 13 Bate signed	

2411 N. Charles St., Battimore

07779

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Mary land Co.	uoty	
(1f out	side city or town	limits, write l	RURAL and give nearest town)			
How long in above place of	death?2	years,	23 days	City or town	470	
Hospital, Institution, or st				Street No. 3102 Junes		
			ospital		e LOCATION)	
	stitution?	y.ea.r.s.,	23 days	2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
	Lewis		r Medinger		218-12-6658	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white		widowed	20 DATE DE DEATH September	16 1547 at 12:20p	
	16		W-11	21. I CERTIFY that death occurred on the date ab		
			ay Kagel Medinger			
7. Birth date of		6.(c) If allve, give ageyears	and that I last saw hative on	19	
deceased (mo., day, yr.)	Februa	ary 24,		Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	acute cardine	failure	
76	6	22:		0	0	
9 Righniace	Balti	morel	Werst Lend	Due to Bendis vase	ula disease	
9. Birthplace			atate			
10. Usuat occupation	Carpe	enter		Due to	1+6	
11. Industry or business	Carpe	entering		fraglin My	m year	
至 12. Name	John.	G Med	inger	Other conditions due to File	le on floor	
12. Name	Mary			U		
Molden nome			Schminter	(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace	Mary		- Activitation 1.	Major findings of operations		
≥ 15. Birthptace						
16. Informant			cords	Autopsy results		
Address	Cator	sville-	-28, Maryland			
17 Burial		Date ther	(month) (day) (year)	22. VtOLENCE: If death was due to external car Accident, sutcide, or homicide	Data of (1114 3 011)	
(Burlal, cremation, o				Where did injury occur?	ille Bello I med	
Cemetery or crematory			Cem.	Where did injury occur? (City or town)	(County) state)	
Location	Wo	odlawn,	Md.	injured at home farm, industry, public place (w	where?	
19 Europal director	WMt.	TICKNE	R. & SONS	Means of Injury a fall in the	tnjured at work w	
			DU CONTRACTOR OF THE PARTY OF T	es h.	11 11 deflet	
Address	Balto.	, Md.	11111	23. SIGNATURE	Tieffer Elgan 113	
19 sept	18 19 4	7 0	1. W. pedus	Inco toods	an M. D. opother	
(Date rec's by regis	trar)	/	Registrar	Address. J. O. I. O. C.	Date signed 170	

FOR BINDING

MARGIN RESERVED

- MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

Film G114 3/8/48 js 2411 N. Charl	EPARTMENT OF HEALTH les St., Baltimore TE OF DEATH Record of Wife	()778() Reg. Dist. No. 32
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	Council of the state of the sta	nty Baltimore The Burner and give nearest town) The Aura and give nearest town)
	2.(a) If veteran, name war	
3. (a) FULL NAME Newton Mitchell)	Mercier	3. (b) Social Security Number 214-01-584
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced		RTIFICATION
Male white married	20. DATE OF DEATH Sex	R 2 1847 1 6:
8.(6) Hame of husband or wife. Ceclia M. Mercee. 7. Birth date of deceased (mo., day, yr.) Nov. 7-1898	21. I CERTIFY that death occurred whe date about the last saw h. A	re stated: that I attended deceased from
8. AGE: Years Months Days If less than one day 2	Ceselval A	emilye /
10. Usuat occupation Susurance	Alexander Volume	
	Due to	f.
11. industry or business telef OC. Sulleving to.	[
12. Name Corga Mercier 13. Birthplace Howard Co. marshy	Dther conditions	***************************************
13. Birthplace Itward Co. maryland		
14. Malden nama Emma Me Gimis	(Include pregnancy within 3 m	onths of death)
14. Malden name & man We Gimis 15. Birthplace Frederick, Maryland	Major findings of operations	Date of on.
18. Informant mus. Cecilia M. Mercies	Autopsy results	
16. 10 .0. 10:11 .06 1	PHYSICIAN: Please underline the cause to whi	ich death should be charged statistically.
Address / 8. Waldron Cover. (Februarite, Mad 17. C. L.	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	
Cemetery or crematory True (Ted 9 E	Where did injury occur?(City or town)	(County) (State)
Location Cikeseille, Maryland	Injured at home, farm, industry, public place (wh	
F. A. H. M.C. 1800	Means of Injury	Injured at work?
18. Funeral director Talanthe T. Sell 285		2):00

mu Registrar

23. SIGNATURE

Address.

DURATION

M. D. or other

S. M. Date signed.....

HOUSE TO TRANSPORT OF

SEP 6 1947 BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore 938

CERTIFICATE OF DEATH

Reg. Dist. No.

County	(If outside city or town limits, write RURAL and give nearest town ow long in above place of death? 3 months ospilal, institution, or street address where death occurred: 525 St. James Road, Rockdale, Balto. Co. we long in hospital or institution? L(a) FULL NAME Eugenie duMaurier Meredith Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married (b) Name of husband or wife Clyde R. Meredith Birth date of deceased (mo., day, yr.) June-13-1876 AGE: Years Months Days it less than one day 71 2 25 hrs. Birthplace Pottsville, Penna. (Town, county, and state) 0. Usual occupation. 1. industry or business 12. Name Thomas duMaurier 13. Birthplace Pottsville, Penna.			2.(a) It veleran, name war None	Baltimore C y ite RURAL and give nea nue, Balto. CATION) B. (b) Social Security I None	Md.
Female	Ital Institution, or street address where death occurred: 25				19.47	3. 45 A.
6.(b) Name of husband of 7. Birth date of	or wife Clyde	6.(c) It alive, give ageyeara	21. I CERTIFY that death occurred on the date above stands of the standard of	ated; that fattended dacea	aed from
8. AGE: Years	Months	Days	It less than one day	PREMEDIALS (Suite of death	***************************************	Johnston
71	2	25	hrs min.	Chronic My	ocarditis	3mins
10. Usual occupation 11. industry or business H 12. Name	omas duMau Pottsvil Mary El	one rier le. Pe	nna. yer	Oue to	•••••	3mons
16. Interment MT. A	Maryland Ourial Orremoval Which? Orremoval Baltimore Stewart &	Ave., Surving Mary Mowen	h (husband) Baltimore, Md. Sept-10-1947 (month) (day) (year) Ground yland Company	Autopsy results	death should he charged till in the tollowing;	statistically. (State)
	108 W. Nor	th Ave	bue. City #1.	23. SIGNATURE RING P. Address. Pikesille P.	nd. Date signed	9/8/47.

H MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()7782 Reg. Diat. No.....

	108. 2120. 100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. County Belt.
(If outside city or town limits, write RURAL and give nearest town)	City or town. Catomivelle
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 106 Malynood Ove.
How long In hospital or Institution?	(If rural, giv LOCATION) 2.(a) If veleran, name war Will West
3. (a) FULL NAME	
Benjamin Lacy,	Settlee 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W maries	20. DATE OF DEATH Sest 39 1947 at 8:20 / M
6,(b) Name of husband or wife Ethel Rudolph mette	21. I CERTIFY that death occurred on the date above stated; that datended deceased from
	Der 13 182 10 25 7 18
7. Birth date of deceased (mo., day, yr.) May 7. 1893	and that I last saw h
8. AGE: Years Months Days If tess than one day	Immediate cause of death
54 4 22hrsmln.	Comary Occurs and auto Lively
mean las l	
9. Birthplace(Town county, and state)	Due to
10. Usual occupation activity Securator	Oue to
11, Industry or business	Oue to.
12, Name Charles Ondrew Metter	Other conditions was Thebres C
12. Name Charles Orders Meller 13. Birthplace M	Inneff cilver 8/54/46
14. Maiden name anastation Amerik	(include pregnancy within 8 months of death)
14. Maiden name Anastatis Annik 15. Birthptace M.	Major findings of operations.
Be in hetter 14	- Date of op
16. Informant	Autopsy results
Address / Ob Abelynood Dec.	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Levels Park	Where did injury occur?
B. Thimas	(City or town) (County) (State)
Location 6 2 C	Means of injury Injured at work?
18. Funeral director Search Farley	Models of Highly Andrews
Address Shadynach + deelvick over.	- 22 SIGNATING Elist Walnum
10/2/42 9 9. C. monmonies.	23. SIGNATURE STATE OF THE COMMENT OF THE STATE OF THE COMMENT OF THE STATE OF THE
(Date red'dby redistrar) (Date red'dby redistrar)	Address 3 4 3 V Milles all lette Bate signed of the

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COPY SENT TO WORK IN LINE DATE 10/5/47

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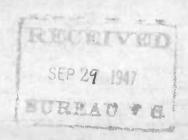
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07783

Rog. Dist. No. 4/

1. PLACE OF DEA	TH: Baltimon	20		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Dunde	l lr	***************************************	State Md. county Baltimore
City or town(if or	stalde city or town li	mits, write R	URAL and give nearest town)	••• 1
How long in above place	of death?	Year	9	City or 10wn Dundalk (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or	street address where	leath occurred		street No. 98 Kentway
			***************************************	(If rural, give LOCATION)
How long to hospitat or	tnstitution?	• • • • • • • • • • • • • • • • • • • •		2.(a) If veleran, name war
3. (a) FULL NAME				3. (b) Social Security Number
		Polly	Brook Mitche	11
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	white	me	arried	20. DATE OF DEATH X 1951 21 1947, at // P. M.
	Harı	cv Mit	chell	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from
6.(b) Hame of husband	At 4112		@10000001008000010111000110000000000000	aug 12 2 118 4 1, 10 Sift 1 1847,
7. Birth date of		B.(c	tf alive, give agey	and that I last saw h Malive on Sufat 197
deceased (mo., day. y		188	1	Immédiate cause of death DURATION
8. AGE: Years	Months	Days	If less than one day	
59			hrs	nin Hypullusury C-V- I 15eau - Jy
22				80010
9. Birthplace England (Town, county, and state)			tate)	a Myradets:
10. Usual occupation	House	ewile		Due to
1t. Industry or business		1		
12. Name	James B	rook		Dther conditions
13. Birthplace	Eng	land		(Include pregnancy within 8 months of death)
Maiden name	Ellen			
14. Maiden name		land		Major fiedings of operations.
			2011	Bate of op,
18. InformantM				Actorsy results
Address 98	Kentway,	Dunda	alk 22, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Remov	al	Bate then	eof Sept. 24, 19	Accident, suicide, or homicide
Cemetery or cremato	, church	OI L	ne Redeemer	Where did injury occur? (City or town) (County) (State)
Location Bl	uhu ma	un/Per	nna.	Injured at home, farm, industry, public place (where?)
18. Funeral director	Rolani	12	Fisher	Means of Injury Injured at work?
	12 Dunda			1 122 wooms
Address	-/	mas	6-1	23. SIGNATURE M. D. or other
19. (Date rec'd by re	3/479	7//	Regis	trar Address Mulauc - V Date signed / 73/47



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1246

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyBa	1timore		***************************************			
City or town	ockdale	imite write R	URAL and give nearest town)	State Md. county Baltimore	*********	
				City or town Rockdale (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, Institution, of	or street address where	dealh occurred	***************************************	Street No. 3515 St. James Road		
3515 St. James Road				(If rural, give LOCATION)		
How long In hospital	or institution?			2.(a) It veteran, name war		
3. (a) FULL NAM	ME R	osina M	forningstar	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
	White	V	idowed			
Female	Murce	1	Laowea	20. DATE OF DEATH September 8 19 47 , at 1.4	b A	
6.(b) Name of husban	d or wife Charl	es P. N	lorningstar	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	110	
) It alive, give ageyears	July 1, th 19.4 & 10 feet pt	9. 4.	
7. Birth date of	Anadagt			and that I last/saw h CT alive on 1	9	
deceased (mo., day	17117	Days	It less than one day	Immediate sause of death	ATION	
0. 1102.	79 –	10		A in factorial and the second		
		1	hrsmln.	White of Ruler	<i>7</i> 1.:	
9. BirthplaceE	Baltimore, Town	dd.	tate)	Due to		
				6 1 6 6		
10. Usual occupation	•	*****************		Due to Allers 2	no.	
11. Industry or busine		l o 2020		Markuslan	20	
물 12. Name	George Bic	nma nn		Dther conditions		
₹ 13. Birthplace	Germa			(Include pregnancy within 3 months of death)		
14. Malden nam	. Rosina Germa	Mohr	***************************************			
LOV 45 Bidbaloss	Gorma	mo		Major findings of eperations		
			hon	Date of op.		
	rs. Alfred			Autopsy results	y.	
Address 3515	5 St. James	Kd., 1	rockdate	22. VIOLENCE: It death was due to external causes, fill in the following:		
17 Buris	on, or removal. Which?	Date there	Sept. 10,1947 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema			Cemetery	Where did injury occur?		
Location	Balti	more.	ld.	Injured at home, farm, Industry, public place (where?)		
(4	Hollis	20	morran	Means of Injury Injured at work?		
18. Funeral Wrecloy	10 Liberty			Desilla .		
Address 451	ro Proerch	Λ		23. SIGNATURE James Julier May	.y	
10 8/10	19 🗶) 1.	W. Ipdrech	Reisterstown Rd & Walker Ave M. D. or other	45	
(Date rec'd by	registrar)	g /F	Registrar	Address Pikesville, Md. Date signed 7/0/	1	

FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07785

er, Dist. No. 41

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Day 100	(For newborn infants give residence of mother)
City or town Alandall 32	State Gounty
(If outside city or town limits, writa RURAL and give nearest town)	City or town Dundalh 22
How long in above place of death?	(If outside city or town limits, write RUDAL and give nearest town
Hospital, Institution of street address where death occurred:	Street No. # 11 Dundan app:
# // Dunan apol	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
0 1 5	
3. (a) FULL NAME	3. (b) Social Security Number
Mosena Morre	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I with Married	30
Tem Truck Separales	20. DATE OF DEATH. 1947 21 6 0 M
Ced onne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
6.(c) the alive, give age	Deft 17 1947, to
T. Birth date of Marale 10 1900	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	14 15 1
68 5 29hrsmin.	Me are a uldren by hanging
Bala Dand	
9. Birthplace(Town, county, and state)	Due to find the first the
(10wn, country, and state)	1 1700000 7/10/4/1
1D. Usual occupation	Die to Dorne de Menenta
11, Industry or business	in al the al - At 11.
	we will work from
12. Name	Other conditions
13. Birthplace	1000
N. W.	(Include pregnancy within 3 months of death)
14. Malden name	Majar fiadiass of aperations.
H 14. Malden name	Date of op.
man Prul Culate	
16. Informant	Antapsy results
Address 6 842 Belichare Road, Dundalke	
Russ Part 20 1947	22. VIOLENCE: If death was the to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot. A Company (year)	Accident, suicide, or homicide
Yannan Prob Comptante	Where did Injury occur? Dungally 12210 mid
Cemetery or crematory	(City or town) (Courty) (State)
Location Woodlawn, Ballo, Co.	Injured at home, farm, Industry, public place (where?)
Paland & Timber	Means of Injury Carl 1/2 cur an Injured at work?
18. Funeral director	
Address 2/12 & sundalle and.	(Mmland - m)
D/A/ = (ha-	23. SIGNATURA
10 4/19/47 10 X/ Mearence	olpny / exicos Mether
(Dutole 24 by recriety at 13, 13, 13)	Address De la la More silvad Oliva ! -

SEP 27 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ... 3.3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	
City or town Owice S Miles (If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above place of death? 15 yrs 5 mos. 11 days	City or town (If outside city or town limits, write RURAL and give nearest town)
despital, institution, or street address where death occurred;	1 Street No. 1600 Claft view ave.
House and State Transcer Tho	(If rurg), give LOCATION)
low long in hospital or insilitution? 12 yrs 5 mm. 10 y	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Elsio Marcell	noochead.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Duigle	20, DATE OF DEATH Se
	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
B,(b) Nams of husband or wife	Jelina 1947, 10 0 pt 30 1947.
7. Birth date of	and that I last saw h light alive on September 30 19 47
deceased (mo., day, yr.) February 14, 1, 20.	Immediate canss of death
3. AGE: Years Months Days If less than one day	Ocete myo cardetio 2 dy
27 7 16hrs.	min.
Birthplace Baltimath Maceflaced,	Due to Claronia Thefocaeditis Typot
	4
10. Usual occupation Anciente.	Due to
11. Industry or business	
12. Name Wiestow Manchead: 13. Birthplaco Baltimore Marylan	Dther conditions
13. Birtiplaco Baltimore marylan	(Include pregnancy within 3 months of death)
11. Maiden name Lacine a Whitelday	
11. Maiden name Lacinia Whelesof 2 15. Birthpiace maryland	Major findings of operations.
13. Bringiaco	Date of op.
18. Informant 1 0.8 MAN CONTRACTOR SCREEN AND CONTRACTOR	Autopsy results
Address Oguings hills Indi	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, extens) Bate thereof (month) (day) (year)	
Delden-tl	Where did lalury occur?
Cemetery or cramalory	
Localion Stating Type of the	injured at home, farm, industry, public place (where?)
16. Funeral director. The Man The The State of the State	Means of Injury Injured at work?
Address 1219 At Jan of	- appropriate of the Mille Clinton Al. D.
0 11/1/1	23. SIDNATURE Called Trille Clinical M.D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	strar Address Reservand Luines Mille Me Date signed South 30, 15
(Date rec'd by registrar) Registrar	11 MARIESS Veter content of the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECE. (For newborn infants give residence of mother)	
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)			State Maryland County	
		os.	City or town Baltimore (If outside city or town limits, write R	
	r street address where	Ave.	Street No. 2846 N. Calvert S.	
		6 mos.	2.(a) If veteran, name war	
3. (a) FULL NAM	IE	B. Morrow) Social Security Number
4. Sex	5. Color or race	b.(a)Single, married, widowed, or divorced	MEDICAL CERTIF	ICATION
female	white	single	20. DATE OF DEATH. September 7	
6.(6) Name of husband	or wife		21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from
	884044888888888888888888888888888888888		Clagarab 1947,	0 Defelerally 12.19.4
7. Birth date of deceased (mo., day,	yr.) July 1	8, 1872	23.571	19.4/
8. AGE: Year	s Months	Days If less than one day	Immediate cause of death. Mallantaline Ca of Branch	DURATION
75		20 hrs. min.	+ Lug.	
9. Birthplace	Baltimore,	Md. county, and state)	Due to Com of Illunes	17241
10. Usual occupation.	none		Due to.	
11. Industry or busines	\$8		DUC 14	
12. Name		rrow	Other conditions	
	Baltimo	re, Md.	(Include pregnancy within 8 months of	-2Al-A
14. Maiden name.	Lydia A	• Fogelman	Major findings of operations	
2 15. Birthplace	Ohio		Major Rudings of operations.	
16, Informant. Je	mes S. Mor	row, Jr.	Autopsy results	
Address 24	19 Ridge Av	e., Towson, Md.	PHYStCIAN: Flease underline the cause to which death	should be charged statistically.
17 Burial	n, or removal. Which?)	Date thereof. 9/10/47 (month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in Accident, suicide, or homicide	
		n	Where did injury occur?(City or town)	
	Woodlawn.	Ma	(City or town) Injured at home, farm, industry, public place (where?)	
Location		detall + Sous, Suc.		Injured at work?
(/				1
	- /-	ce, Baltimore, Mr.	23. SIGNATURE SELLENS TO THE	Say MID
19. 9/8	egistrar)	Mandelle	6209 Frederick Ave.	M. D. or other Date signed 2 - 8 - 47
(Data rec'd by re	egistrar)	Registrar	Address OBOO ITOGET TOK AVO.	Date signed



I)	10
7		5
		PT.AT
15 M		TTE P
9-45		TRIT
1	4	SF
1		U.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07788

CERTIFICATE OF DEATH

Reg. Diat. No. 3

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyBaltimore				.		
City or town		State Maryland County				
		City or town Baltimore = 30 -	d size accord toward			
Spring Gr	ove State	Hospita	1	Street No. 1148 Cooksie Street		
			ys	2.(a) If veteran, name war	/	
3. (a) FULL NAM						
S. (d) POLL HAI		is Nick	d	15 - 09 - 3205	Security Number	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	ON	
Male	White	М	arried	20. DATE OF DEATHSaptamber2219471	9	
e (b) Name of husband	al an wife	Anna Wa	Labora Korowsi	21. I CERTIFY that death occurred on the date above stated; that I atte	nded deceased from	
		-		Sentember 18 447 "Sent	ember 22 19 47	
7. Birth date of			c) If allve, give age31yea	and that I last saw h im alive on September 22.	1947 19	
deceased (mo., day		uary 12		Immediate cause of death Bilateral lobar	OURATION	
8. AGE: Yea	rs Months	Days	It less than one day	pneumonia		
40	7	10		п.		
9. Birthplace	Re Itimo:	ra. Mar	rland	Due to Chronic interstitial meph	ritis	
9. Birinplace			yland state)	Due to	- 1 01 1	
10. Usual occupation	Unknow	2			TRANSPORM, PROPERTY	
11. Industry or busing	- 00			Due to		
-	785-74 1	Nickel		Other conditions	***************************************	
12. Name	Polane			Willest Golden (1975)	***************************************	
				(Include pregnancy within 3 months of death)		
14. Maiden name	. Anna Spi	ckala		Major findings of operations		
2 15. Birthplace	Poland					
16. Interment	Hospital	Record	S	Actoray results		
				PHYSICIAN: Please noderline the caose to which death should be	charged statistically.	
Address	Catonsvi			22. VIOLENCE: If death was due to external causes, fill in the following	ng;	
17 Bus	on, or removal. Which	Date ther	eof (month) (day) (year)	Accident, suicide, or homicide		
			A			
Cemetery or crema	iory St SI	unis	tans	Where did Injury occur?(City or town) (County)		
Location	alta.	CAL	<u> </u>	Injured at home, farm, Industry, public place (where?)		
18. Funeral director.	anh	he "	Welver	Means of Injury Injured at w	ork?	
/	7	1 0	1 4 14	dradon Just		
Address	401	2	hester stre	23. SIGNATURE Isadore Tuerk. M. D.		
10 Dennik	24 10 40	1 W	(1) Ladrel			
To the state of th	romintant)		Registra	IF Address or a sign of sign o	a signed 9/22/47	

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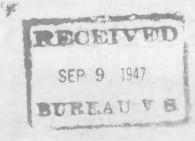
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		State Maryland Cou	nty		
Clly or town					
How long in above pl	lace of death?	•••••••••••	City or town Baltimore (If outside city or town limits	, write RURAL and give ne	earest town)
Hospital, Institution,	or street address where dea	ol Edmondson Ave.	Street No. 3049 Brighton St	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			(If rural, give		
			2.(d) If veteran, name war		
3. (a) FULL NA	ME Gen	evieve A. O'Brien		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	Single	20. DATE OF OEATH September	7 19.47	, 9, 15 A
			21. I CERTIFY that death occurred on the date about the state	ove stated: That I attended dec	2 19 4.7 19 4.7
8. AGE: Ye	ears Months	To Days If less than one day	Immediate cause of death your oca	287729	GYLOU
	9. Birthplace Baltimore, Md. (Town, county, and state)		Due to Ortesio Sel	ervee	
			Due to		*************************
11. Industry or busing	ness y very	7 N	Due tu		
12. Kame 13. Birihplace	Daniel E. O	'Brien	Other conditions		*** ***********************************
13. Birthplace	Irela				
83	Marr Eli	zabeth Curran	(Include pregnancy within 3 r	months of death)	
14. Malden nar	Irela		Major findings of operations		000000000000000000000000000000000000000
				Mate of op.	
16. Informani M.	r. Jesse 🖟. G	awthrop	Autopsy results		3
Address 30	049 Brighton	St.	PHYSICIAN: Please underline the cause to wi	./	I statistically.
Descri		Date thereof Septe 9, 1947	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	/	
		hedral Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Maltimo	re, Mo	Injured at home, farm, Industry) public pface (w	hera?)	
		Lauvreau	Means of Injury	Injured al work?	
Address 48.	10 Liberty He	aghts Ave.	Hosee of	noweel	
19. 9/8	registrary 19	Sullymerare	713 Frederick Av	M, D,	or other
(Date rec d by	, togracial,	*** Brost of	The state of the s		



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF BEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME Hilliam S. Pean	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. Jegartify that death accurred on the date above stated: that Lattended the graped from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Pars Months Days If less than one day	and Wat I last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to Due to Sys
11. Industry or business 12. Name	Other conditions
14. Maiden name 15. Birthplace 16. Intermant 17. Birthplace	Major findings of operations
Address 17. (Burlal, cremation, or remoyal. Which?) Cemetery or crematory Date thereof (month) (day) (yeer) Company or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Glever Lind: 18. Funeral director Cleanus E. Carthur	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. Fyst 6 1947 Clause I. Author Registrar	Address Address Figure 1 Address Addre



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The correct age

Dr. Abbott	
Dr. Abbott Hillsdale & Liberty Heights	
Liberty Heights	5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131 au CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore					
City or town Hands of the Rural and give nearest town)		fits 3606 Tales Rel.	State Maryland County Baltimore		
Now long to above pla	ce of death?	yrs.	City or town		
	or street address where d		Street No. 3606 Tulsa Road		
			(If rural, give LOCATION)		
		06 Tulsa Road	2.(a) tf veteran, name war		
3. (a) FULL NAM	ME		3. (b) Social Security Number		
	Willi	am Thomas Pfeiffer			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH Sass 19 47 21 330 A		
6.(b) Name of husban	d or wife Mare	aret A. Pfeiffer	21. I CERTIFY that death occurred on the date above stated; that testended deceased from		
		6.(c) If alive, give age 73 years	September 19 44, 10 Sept - 7-1942		
7. Birth date of			and that t last saw h		
8. AGE: Yea		20, 1859 Days tt less than one day	Immediate cause of death		
87	11	20	Essaferanter of the age		
			Indiamities /		
S. Birthplace	Baltimore	County Md.	Due to Charles Naffal		
		Istate	Europe Powsentille		
		**************************************	Due pt.		
11. tadustry or busine		70.000	Jeweletter Gunschron -		
		Pfeiffer	Other conditions		
13. Birthplace	Germany		(Include pregnancy within 3 months of death)		
14. Maiden name	Elizabet	h Collins	Major findings of operations.		
14. Maiden name	Unknown				
	rg Willia	m T. Pfeiffer	Actopsy results		
			PHYSICIAN: Please coderlice the cause to which death should be charged statistically.		
Address	3606 Tuls		22. VIOLENCE: It death was due to external causes, fill in the following:		
17Buris	n, or removal. Which?)	Oate thereof Sept 9, 47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory					
Location Baltimore, Md.			Where did injury occur?		
	-0	1 (0 / 1)	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Ellow	orthe armacos	Means of tnjury tnjured at work?		
Address /39	11 Liberty	y Heights Ave.	They I affect Much		
. 9/8	- "()	St. C. Ne Sarel	23. SIGNATURE M. D. or other		
(Data/rec'd by re	egistrar) 19	Registrar	Address 4509 Likette New Uh a gots signed 9-8-49		

e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore



CERTIFICATE OF DEATH

07792	
Reg. Dist. No.	

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Female	White	Single	20. DATE OF DEATH September	17 19 47	at 2 P . M
			21. I CERTIFY that death occurred on the date abov $9-17-147$	10 9-17-	147 19
7. Birth date of deceased (mo., day,	T 7	6, 1868	and that t last saw h er alive on not	seen alive	19
8. AGE: Years		Days If less than one day 11 hrsmis.	Coronary Occlusion	on	Approx.
tO, Usual occupation	Practi	o. Maryland county, and state) cal Nurse	Due to		
12. Name	Andrew Marylan	Plowman d	Other conditions		***************************************
14. Malden name.	Margare Marylan	t Hager	(Include pregnancy within 8 m	g 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		ie McCarthy ing Ave. Baltimore	Autopsy results	ch death should be charged	
17. Burr (Burial, cremation	ial , or removal. Which	Date thereof September 20, (month) (day) (year)		Date of	
Location	Baltim	lary's (Hampden)	Where did injury occur?		
Address 363	l Falls	Road, Baltimore 11 A. W. Hedrick Registrar	23. SIGNATURE 27 2. 20. E.	aples me	or other

PLEASE WRITE

MARVI	AND	STATE	DEPARTMENT	OF	HEALTH
MARIL	AINI	DIALE	DEFARIMENT	OI.	HEALI

2411 N. Charles St., Baltimore

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07793

CERTIFICAT	TE OF DEATH Reg. Dist. No. 49
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For my form infonts give residence of mother) State City or town If outside city or town limits, write RULE and give peapest town (tf rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) 11 veteran, name war
Trederich Henry	Reider. 213-10-0170
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of Table 04 2000	and that I last say halive on
deceased (mo., day, yr.) JULY 9th, 1898	Immediate cause of death
8. AGE: Years Months Days It less than one day 2 10hrsmin.	Phenobast to toisonero
9. Birthplace Baltimore County, Md. 10. Usual occupation Barn Man 11. Industry or business Baltimore Transit Co.	Due to.
Frederick Reider 12. Name Baltimore County, Md.	Other conditions
# 14. Malden name Maggie F. Besold	(Include pregnancy within 3 months of death) Major findings of operations
	Date of op.
16. Informant Mrs. Maggie Reider Address Belair Rd. Fullerton P.O.	Antopsy results
Date thereof (month) (day) (year) Cemetery or crematory. Date thereof (month) (day) (year) Parkwood	Accident, suicide, or homicide Where did injury occur? (City or town) (County)
Location Taylor Ave.	Injured at home, Jamy Industry, public place (where?)
18. Funeral director Lassahn Funeral None.	Means of Injury Renative Mark? 10.
Address 7401 Belair Rd.	mlerrance Ins.
19. Rept 20 19 4 7 Mrs. Q. X. Reformler (Date rept d by registrar) Registrar	Address Modate signed ////////

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County PSAllemore	(For newborn infants give residence of mother)
City or town Catonsville	State Mary and County Dallmer
(If outside city or town limits, write RURAL and give nearest town)	City or town A Catonsville
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1310 Midrale ax
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH & LEST 23 19 47 at 2 0.
FIL	
6.(b) Name of husband or wife & all the	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
C (a) It allies plus and	StcO: 0 194 10 10 12 10 13 19 11
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	acute Cardia Orbitation 3 min.
59 11 26min.	
9. Birthplace	Due to Chrisin Duranlag Fibrillian 2 7:
12 leaner and	
10. Usual occupation.	Due to Chrown Carlo - Varantes 67
11. Industry or business flenther Hardeware Co.	dearan
12. Name franklin Cobison 13. Birthplace Shio.	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name of ois Start 15. Birthplace Ohio.	Major findings of operations.
E 15. Birthplace This.	Oale of op.
Min Frith Walnesse.	4
16. Informant	Autopsy results
Address/310 Midvale ave.	
Busial Sept 25, 1947	22. VIOLENCE: If death was due to external causes, till in the lollowing;
(Burial, cremation or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Alstern	Where did Injury occur?
1 restint amoudson are & Longupod Als.	Injured at home, tarm, Industry, public place (where?)
Harry Withke	Means of Injury Injured at work?
18. Funeral director.	ner K & 11 750
Address FI 6 amonaton les	23. SIGNATURE X. D. or other
(Date recti by registrar)	Address Catoreville 25 24 Date signed 9-24-47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5200

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County Kal TA			***************************************	State Md . Co		
(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)			
			****	City or town	ts, write RURAL and give ne	areat town)
Hospital, Institution, or	streef address where	death occurre	t:	Street NoYo.r.kRd&Semit	ary Ave. Luth	erville
				AL .		
			······································	2.(a) if veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
		HUNRY	ROCKEL.		None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
M	W		Married	20. DATE DF DEATH Sept. 28,	19.47	2:308.
				21. I CEPPLY that death occurred on the date at		
			Rockel	1/10/10/11	47 sent	28 1047
7. Right date of	•••••	6.(c) If alive, give ageyears	and that I last saw h. Lanna alive on		19.47
deceased (mo., day, y	n) Dec. (3, 1877	<u></u>	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	7.		
69	9	22	hrsmin.	Hypenephr	ma	2 years
9. BirthplaceB.a.	1.to. Md.	eounty, and	ntate)	Due to.		1 (1
					•••••••••••	***
				Due fo	***************************************	***
11. Industry or business		.1. 7				**
12. NameGe	Balto. Mo			Dther conditions		
E 44 Molder rome	Catharine	mon to		(Include pregnancy within 3	months of death)	. l. 11.
14. Malden name 15. Birthplace 16. InformantMr.a.		5 \$ -@##. @#	p	Major findings of operations.	enego worn	941
≥1 15. Birthplace	Balto. Mo		_	Cadney !		.7
16. Informanthir.a	RolandA.	Ro.ake	1	PHYStCIAN: Please underline the caose to v	NO. 100.100.100.100.100.100.100.100.100.10	statistically.
Address	utherville	e, Md.		22. VIOLENCE: If death was due to external ca		
17Buria (Burial cremation	1	. Date the	eo! 10/1/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery 3036000000	oxJesso	psCer	Ą•	Where did Injury occur?(City or town)		
Location Cockeysville, Md.			Le, Md.	Injured at home, farm, Industry, public place (
18. Funeral director, WM. J. TICKNER & SONS INC.			SONS INC.	Means of Injury	injured at work?	
			ilto. 17, Md.	(-)/	Rie-	mik
9 30 (n Nd1) Agrilia			dl) Agolial.	23. SIGNATURE.	17 J M. D.	la. l.
(Date ree'd by re	gistrar)	4	Registrar	Address 6 201 frug V	Date signed	L THY

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No.	3	5
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H	OEKTII 192031	L OI BEATH
lied.	1. PLACE OF DEATH: Co. (a) Baltimore My, Maryland	2. USUAL RESIDENCE OF DECEASED:
supplie	(b) Street address Lowen Ind.	(a) State (b) County
ns	(c) Hospital or institution:	(c) City or town Ballimore
113	Front of Black & Deckerning Corp.	(If outside city or town limits, write RURAL and give town)
efu		(d) Street No. 535 Cumberland St.
carefully egibly.	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(c) Citizen of foreign country?(Yes or No)
be d	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
should larly an	3 (a) FULL NAME Terome W. R	olling
0	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
ion	No. 218-22-812:	20. DATE OF DEATH Systember 24 19 47, at 4 AM
ath	4 Sex 5 Color or race 16 (a) Single married widowed or	
orn	Male Colored divorced narried	21. I certify that I took charge of the remains described above, held an
of inf ses of	6 (b) Name of husband or wife. Munic	Autopsy, Inspection or Mquiry
aus	6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
ter e c	7. Birth date of deceased (mo., day, yr.) Much 1, 190/	to his death on the day stated above, and death in my
th	8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes , accident , suicide ,
ver	46hrmin.	homicide , undetermined and that the causes of death were:
WE	and Illinidue To	IMMEDIATE CAUSE OF DEATH
K.	9. Birthplace (County, and state)	
INK	10. Usual Occupation, Shipping clerk.	**************************************
5	11. Industry or business	Syphilitic heart disease
DIN	12. Name Blances Busise	Due to Pulmonary edema
NFA	3. Birthplace Alewand Cos. Vs	Ol C Pri
DA	14. Maiden Name Ames Rolling	Other Conditions
CAVITE portant.	15. Birthplace Atoward Cv. Find	(Include pregnancy within 3 months of death)
port	16 (a) Informant Mus. Minnie a. Rolly	122. If an external cause was primary _ or contributing _ cause of
S'E	(b) Address J 35 Cumberland St.	death, fill in the following:
LAI	17 (a) Surial (b) Date thereof Level. 27, 19	Date of injury
Pec	(Burial, cremation, or removal) (month) (day) (year)	(b) Where did injury occur?
TE	(c) Cemetery or cromatopy Tanky	(c) Did injury occur at home, on farm, industrial place, in public
'R'	Location alkridge, The	place? While at work?
age v	18 (a) Funeral diverses (See Of Hallar	(d) Means of injury
AS	(b) Address / 600/ Assuid Still G	23. Signature Messey 4. Merrell M.D.
PLE	19 (a) confered (ring length) Regional (Date of the Medical Examiner.

LEASE WRITE PL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07797

CERTIFICATE OF DEATH

Reg. Diat. No. 30 ...

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3. years, 10. months	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 3 years, 10 months	Street No. 2115 North Charles Street (If rural, give LOCATION) 2(a) If veteran, name war.		
3.(a) FULL NAME Elsie Ellen Koop	3. (b) Social Security Number 219-05-7577		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20, DATE OF DEATHSeptember 5		
6,(b) Name of husband or wife William Roop	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 5 19 43 10 September 5 19 47 and that I last saw h. er. alive on September 5 19 47.		
deceased (mo., day, yr.) Decention 10 10 2	Immediate cause of death		
9. Birthplace	Due to Chronic hypertensive cardio- vascular-renal disease years 1)		
James Shawn 13. Birthplace Delaware	Other conditions		
14. Malden name Avis Smith 15. Birtholace Delaware	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Hospital records	Autopsy results		
Address Catonsville=28, Maryland 9/8/47 17. Burial Pate thereot (month) (day) (year) Cemetery or crematory. Loudon Park Cem.	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Balto., Md.	Injured at home, farm, industry, public place (where?)		
1B. Funeral director	Means of injury Dodre 23. SIGNATURE Isadore Tuerk, M.D. M.D. or other		
19. 9 F. 19 Y.) A. W. Hadred	M. D. or other Catonsville-28 Md. Rate slened 9-6-47		







PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise specially important. Physicians: please write the eauses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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ect age	1	2411 N. Charles St., Baltimore	
	6	CERTIFICATE OF DEATH	
	OLL	I DIACE OF DEATH.	2 USUAL DESIDENCE

in PLACE OF DEATH: Sounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mary Land County Baltimare City or town. Outside city or town limits, write RURAL and give nearest town) Street No. Reasward State Fraining School (If rural, give LOCATION) 2.(a) If veleran, name war.
B. (a) FULL NAME	3. (b) Social Security Number

How long in hospital or institution? Since Dec 10, 1935	2.(a) If veteran, name war
3. (a) FULL NAME Daniel Rosenthal	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or di	MEDICAL CERTIFICATION 20. DATE OF DEATH September 26 19 47, 21 2: 20 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19, 43 to Sept. 26, 19, 47
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace. Ballings. (Town, county, and state) 10. Usual occupation. Name	the warm - spasse qualraple-
11. Industry or business 12. Name Samuel Rasenthal 13. Birthplace Russia 14. Malden name Anna Samuelick 15. Birthplace Russia	Bither conditions Describers 4 mos, (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Hosp Records	Autopsy results
17. Duffuel Dafe thereof (month) (day Cemetery of the party location while Kd4 (tanulton Cemeter)	Poto of
18. Funeral director Jack (ewis the Address Zabo Eutaw Place 19. Sept 26 19 47 a.w. Hes	Registrar Address Caseward Owings Mills Md. Date signed 9/26/47

9-45-15 M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4800

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infacts give realdence of mother)
City or town Rasphurg Md. (If outside city or town limits, write RURAL and give cearest town)	state Md. county paltimore
	City or town Raspburg, Md. (If outside city or town limits, write RURAL and give cearest town)
Now long in above place of death?	Trump Mill Road
	Street No. 11 CATTLE IT JUNE LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (g) FULL NAME	3. (b) Social Security Number
Marline Vers Sam (PAULI	NE PEARL SAIN) none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Married	20. DATE OF DEATH SUST 4 19.4.7 21. 7.30 A. M.
6.(b) Name of husband or wife George D. Sain	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	10 10 10 10 10 11
7. Birth date of	and that I lest saw her alive on Sent 4/47 19
deceased (mo., day, yr.) April 29, 1897	Immediate cause of death DURATION
8. AGE: Years Months Days tfless fhan one day	Tare 6 mos
50 4 6hrsmin.	Follows.
9. Birthplace Manassas, Va. (Town, county, and state)	Due to Garaniana of Cleving In.
Hamaami 6a	
1D. Usual occupation Housewife	Due to
11. Industry or business	
E 12. Name. Calvin Thomassan	Dther conditions
3. Birthplace Va.	
14. Malden name? wedrick	(Include pregnancy within 3 months of death)
5	Major fiadiogs of operations.
	Date of op.
16. Informant George D. Sain - husband	Actopsy results.
Address Trump Mill Rd. Raspburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Date) (Commercial Commercial Com	Accident, suicide, or homicide
Cemetery or crematory Valley View Cemetery	Where did injury occur?
Manassas, Va.	Injured at home, farm, Industry, public place (where?)
HENRY SANDER & SONS, INC.	Means of Injury Injured at work?
18. Funeral director	9 200
Address NORTH AVE. & BROADWAY	as CIONETTION AS M. M. Mary Surdner
9/4/47 (10,11.0.	23. SIGNATURE M. D. or other
(Date red d by registrar) Registrar	Address Salta 6 May Date signed 9-4-47.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

Hospital, Institution, or street address where death occurred:	Pol+imono
How long in above place of dealh?	Cost town)
2 - 27 3 1	City or town
135 Newburg Ave.	Streel No. 135 Newburg Ave. (If rural, give LOCATION)
How long in hospital or institution?	
3.(a) FULL NAME Amelia F. Schafer	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or	MEDICAL CERTIFICATION
Female White Married	2D. DATE OF DEATH. September 2 19.47 alo 1
6.(6) Name of husband or wife. Clyde W. Schafer 5.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) Name of husband or wife. Clyde W. Schafer 6.(6) If allve, give age. 7. Birth date of deceased (mo., day, yr.) September 3, 1889 6.(6) If allve, give age. 7. Birth date of deceased (mo., day, yr.) September 3, 1889 6.(6) Name of husband or wife. Clyde W. Schafer 8. AGE: Years Months Bays If less than one day. 6.(6) Name of husband or wife. Clyde W. Schafer 8. AGE: Years Months Bays If less than one day.	Immediate tance of death
9. Birthplace Baltimore, Md. (Town, county, and state) 1D. Usual occupation Housewife 1t. Industry or business At Home	Due to
E 12. Name William F. Foos 13. Birthplaco Baltimore, Md.	Dther conditions
置 14. Maiden name	(Include pregnancy within 8 months of death) Major findings of operations
	Date of op.
16. Informant Mr. Clyde W. Schafer Address 135 Newburg Ave., Catonsvill	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically
17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory London Park Cemetery	
galtimore, Md.	
18. Funeral director. Address 4510 Liberty Heights Ave.	Means of injury Injured at work?

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

les St., Baltimore

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OF DEATH

Address.....

E OF DEATH	Reg. Dist. No	
2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
State Mid	unty Balto.	*********
City or town. Tuller love	ts, write RURAL and give near	eat town)
Street No 134 1/6 (16 ural, glv	e HOCATION)	
2.(a) If veteran, name war	•••••	
Rohneiden.	3. (b) Social Security N	lumber
MEDICAL C	ERTIFICATION	
	/ -	,,,,
20. DATE OF DEATH.		al
21. I CERTIFY that death occurred on the date at	bove stated; that i attended decease	
and that I last sawalive on		19
Immediate cause of death		DURATION
Cerebrota	cerlest?	full
		3
Due 10		***************************************
Other conditions		***************************************
(Include pregnancy within 8		
Major findings of operations		
	Date of op	
Antupsy results	which death should be charged s	talistically.
22. VIOLENCE: If death was due to external ca	auses, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)		(State)
Injured at home, farm, industry, public place (where?)	
Means of Injury	Injured at work?	
mon	2	A. W.

			CERT	2411
			CER	
1. PLACE OF DEATH	Plan			
County	160	-00	P.10)
City or town(If outside	de city or town I	imits, write RI	JRAL and give nea	rest to
How long in above place of de	eath?	dooth courred		
Hospital, institution, or street	address where	2	nd	K
			AA	********
How long in hospital or inst	itution?		•••••••••	
3. (a) FULL NAME	(1)	'	1	
	xrm	~ 2	deva	2
4. Sex 54	Color or rage	6.(a)Single	, married, widowed, or	divorc
mole 9	While	7 //	Kon	-
	Mr.	5	70.	,
6.(b) Name of husband or w	ife (790	200	
			If alive, give age	
7. Birth date of deceased (mo., day, yr.)	D	est	22/	15
8. AGE: Years	Months	Days	It less than one di	ay
75	.0	8	hrs.	
1	31/1	P	in m	1
9. Birthplace	(Town,	county, and s	tate)	7
10. Usual occupation	Car	per	lea.	
11. Industry or business	0	0 1	200)	
12. Name				
	. 8,4.			
14. Malden name	Julie	en)		
E 15. Birthplace	Bolt	. d., 1	ud.	
J.	500	-1 Sa	liner	-
16. Intermant	1			i harrin
Address	me	- (0	arme	
17 luniel	A	. Date there	0 ch. 3	
(Burial, cremation, or	removal. Which	7. 4	(month) (d	lay) (
Cemetery or crematory	A. Jak	My of	revera	<u></u>
Location Jai	kulle	luil	, R	
4	0	WF	1 C	Non
18. Funeral director	0	- /	2 0 0	· · · · · · · · ·
Address 741	Bala	u Rd	. wares.	6,
, Clos. 1 -	10 4	7 ma	P. I. Reib	MI



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HUM No. G 112 SEP 30 1947 CERTIFICAT	E OF DEATH Reg. Diat. No. 43
1. PLACE OF DEATH: County City or fown. (If outside city or town limits, write RURALfand give nearly town) How tong in above place of death? Hospital, institution, or small diverse where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbarn infarts give residence of mother) State
How long in hospitat or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	(Schneider) 3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of husband or wife. A.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth dafe of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days tiless than one day	Immodiate cause of death OURATION
9. Birthplace	Due 10. arterioselloses Sen
10. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Culluotum 15. Birthplace / J J J	Major fiadings of operations.
\$1 15. Birthplace	
16. Informant July 1	Autopsy results
Address 3048 Woodside Cur	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Wyncyri) Date thereof (day) (year)	Accident, suicide, or homicide
Cometery or crematory Alastoval	Where did injury occur?
Location Lay for all	Injured at home, farm, industry, public place (where?)
69 TO DOM OLONE THON	Meens of injury Injured at work?
18. Funeral director	6 H Tou. Ol.
het it is is stored	23. SIGNATURE M. D. or, other
19. (Dute red) d by registrar) Registrar	Address O Y W Malley Date signed Sept 13 0

9-45-15M VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07000

CERTIFICAT			TE OF DEATH		
How long in above pla	If outside city or town limace of death?	ath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants five residence of mother) State		
	RU	JSSELL S. SCHUYLER			
Male Male	Pauli		MEDICAL CERTIFICATION 20. BATE OF BEATH Deplemen 2 m. 147, at 8:0.57 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day	Octobe		august 25th 18 1 weekt 2 20 147		
8. AGE: Yes 38	IO	5 It less than one day 5 It less than one day	find the state of		
Sparrows Point, Maryland B. Birthplace. (Towa, county, and state) Laborer 18. Usual occupation. Bethleham Steel Co. 11. Industry or business			Bue to.		
Eugene Schuyler 12. Name. Washington, D,C,.			Other conditions		
Detta Stringtellow 14. Maiden name Virginia 15. Birthplace			Major findings of operations.		
16. Informant Eugene Schuyler Address IU2 East Ave, Dundalk 22. Md.			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?) ME. Calvary Cemetery Cemetery or crematory. Anne Arundel Co, Maryland.			22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
William A. Jackson 18. Funeral director 916 Penna, Ave, Balto, I,			Means of Injury Injured at work? 23. SIGNATURE M. D. or other /		

33

. Date signed / 8 Supl. 47

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Margaret uni S	ears 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced wared 6.(b) Name of husband or wife Wade Hampton Slare 6.(c) If alive, give age SO years 7. Birth date of	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 2. Birth ber 1870 8. AGE: Years Months Days If less than one day 76 77 11 16 hrs. min. 9. Birthplace Bally Dermany (Town, county, and state) 10. Usual occupation. H. W. 11. Industry or business 12. Name Zermany 13. Birthplace Dermany	Due to. Dither conditions. DURATION DURATION DURATION DURATION DURATION DURATION
14. Maiden name Prace? 15. Birthplace? 16. Informant Mr. Wade H. Sears	(Include pregnancy within 3 months of death) Major findings of operations
Address 1. Serial, cremation, or removal. Which: (Burial, cremation, or removal. Which:) Cemetery or crematory Location 18. Funeral director Address 19. Serial 18 41 Marcy B.E.L. inc.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

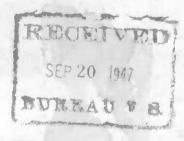
Registrar

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

201-18 19 47 (Date rec'd by registrar)

VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Balto					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. State. County Balto.			
City or town Reisterstown (If ontside city or town limits, write RURAL and give nearest town)								
				SURAL and give nearest town)	City or town Reisterst	OWN n limits, write RURAL and give	*************************	
		death? eet address where					nearest town)	
					Street No. 78 Hanover	I ROAQ		
How long In	nenital or in	stitulion?			2.(a) ti veteran, name war	N. D. Chr. 35		
3. (a) FUI					Life) is related, sense was			
3. (a) FUL	LIMIL	0	7	Array A Olava		3. (b) Social Securi	*	
				dward Shaw		213-01-5	595	
4. Ses	5	. Color or race	6.(a)Singt	e, married, widowed, or divorced	II .	L CERTIFICATION		
Male	3	White	Ma	rried	20. DATE OF DEATH. Sept	14 104	7 4 11:157	
		Plan	A Ch	O 947	21. I CERTIFY that death occurred on the d			
		wife Elsa			11 10			
		*******************	8.(c) if ative, give agey	ears			
	mo., day, yr.)	Jul	y 31.	1896				
8. AGE:	Years	Months	Days	It less than one day	Immediate cause of death		DURATION	
	51	1	14	hrs	min. Earonay Oct		13/4 hrs	
9. Birthplace	Fre	derick		•••••••••••	Due to			
	0	ashier	county, and				*****	
1D. Usual oc	cupation	ashrer	III Da		Due to	*****************************	*******	
11. todustry	or business				2			
12. Nami	S	amuel S	haw	****************	Other conditions			
13. Birth	place F	rederic	k Co.					
		Olive N			(Include pregnancy wit	thin 3 months of death)	•••••	
14. Mald	en name			***************************************	Major findings of operations	Major findings of operations.		
E 15. Birth	placo lt'	rederic	K Co.					
18. Informani	Elsa	A. Shaw			Antoney results	***************************************	*******************	
		terstow			PHYSICIAN: Please underline the cause	to which death should be charg	red statistically.	
				Sent 18 104	22. VIOLENCE: If death was due to ester	rnal causes, fill in the following:		
17. Burial Sept. 18, 1947 (Barial, cremation, or removal, Which?) Date thereof Sept. 18, 1947 (month) (day) (year)				(month) (day) (year)	Accident, suicide, or homicide	Date of		
Compton o		Druid	Ridge	(300,000)	Where did injury occur?(City or t	772		
Cemotery or crematory Druid Ridge Location Balto.Co.					Indused at home form teductor mutile als			
				Cono	Means of Injury	injured at work?		
		J.F.Eli				Injuice of HUIKI		
Address	Rei	stersto	wn, Md		23. SIGNATURE 2 , 2 C	Egples 2	4.2.	
19. (Date re	- 16	- 19 47	0	ary B.Eline	Q - 7.1	// · · · · · · · · · · · · · · · · · ·	D. or other	

CERTIFICATE OF DEATH

SEP 19 1947

* 作工とのなることを記録を必可している。

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

948

07805

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore		
City or town ON INES III S (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Baltimore	196
How long in above place of death?	Il City or town UWIIIES MILITS	***************************************
Hospital, institution, or street address where death occurred:	Street No. Reisterstown Road	
Reisterstown Road	(If rural, give LOCATION)	******************************
How long in hospital or institution?	2.(a) If veteran, name war	
3. (g) FULL NAME	3.(b) Social Security	
C		
Harry Samuel Simmons 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2/2-09-	8801
	MEDICAL CERTIFICATION	
Maie White Married	20. DATE DF DEATH September 20 1947	at 6 A . N
8 (b) Hama oldusted or wife Sarah Van E Sim mon s	21. I CERTIFY that death occurred on the date above stated: that I attended dec	
Wiley Hellis Wellis and Hills and Hi	0 00 140 0 00	
7. Birth date of	and that I last saw h. er alive on not seen alive	
deceased (mo., day, yr.) Que 5 = 1897		
8. AGE: Years Months Bays If less than one day	Immediate cause of death	
50 / 15ars. mle.	A	
Bat Dell	Angina Pectoris	½ hour
9. Birthplace	Due to	000000000000000000000000000000000000000
(elecarlo Over ala		*** ***********************
カークカカ	Due to	***************************************
11. Industry or business $B \sim O R \cdot R$.		3.00
12. Name Robert G. Dimenous 13. Birthplace Md.	Other conditions	***************************************
I 13. Birthplace		-
	(Include pregnancy within 3 months of death)	**
	Major findings of operations	,
2 15. Birthplace MG.	NONE Date of op.	
16, Informant Jarah V. Demmons	Antopsy results.	
Address Owings Willia Md.	PHYSICIAN: Please underline the cause to which death should be charged	
B. 9/23/112	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremetian or removal Whigh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
T. I. Pak	Where did injury occur? (City or cown) (County)	
Cometery of Crematory		
Location Salto, M.S.	lajured at home, farm, industry, public place (where?)	
18. Funeral director Williams Cook Suc.	Means of Injury Injured et work?	
1010 01 P O T	0 0 0	
Address /2/ Frank	23. SIGNATURE Dr D. D. Eaples, M. D.	ed. Exam.
19 7/22 19X7 S.W. Vedrus		
19	Address Reisterstown, Md. Date signed.	9-20-147

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07806 Reg. Dist. No. 32

County	State Maryland County Baltimore City or town Garrigen (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
3.(a) FULL NAME LOTTIE F. SIMA	2 (1) 6 : 16 : 1		
female white 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. Date of DeathSeptember 17	111110A	
6.(6) Name of husband or wife Robert F. Simmons		179.47	
8. AGE: Years Months Days If less than one day 70 6 15 hrsmin.	Immediate cause of death		
9. BirthplaceBaltimore Maryland	Due to	2	
12. Name unknown 13. Birthplace unknown	Other conditions		
14. Malden name unknown 15. Birthplace unknown			
Address Carrison, Maryland			
17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Parkwood Cametery.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director	Injured at home, farm, Industry, public place (where?) Mesns of Injury 1 injured at work? 23. SIGNATURE: 6 MCABLES ML	9	
19. 9/17/47 (Date rec'd by registrar) 19. Registrar	23. SIGNATURE: 9 O CASES M. D. or Address: Pikesville 8, Md. D. Date signed.	other)/17/47	

SEP 19 1947

07807

	Th		TE OF DEATH	/
(I)	jed.	CLKITICA	L OI DEATH	Reg. Dist. No. 4
	supplied	1. PLACE OF DEATH: Balles Me	2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of	ECEASED:
	ns	County 2	State Lud Cou	
-	pe '	(If outside city or town limits, write RURAL NEAR and give town)	13	
	ully.	Street address, hospital, or institution: One Charm Com	City or town (If outside city or town limits, w	rite RURAL NEAR and give town)
	aref		Street No.	lusar M
	d c	Stay in hospital or inst. (yrs., or mos., or days)	(If rural give	LOCATION)
	y a	Stay in this community (yrs., or mos., or days)	20) II TETERIN, NAME TAIL	2 (b) Social Social Noveles
	information should carefully of death clearly and legibly.	John Sinninky		3. (b) Social Security Number
	atio th c	4. Sex 5. Color or race 6.(a)Single, married widowed, or divorced	MEDICAL CE	RTIFICATION
DZ	dear	male White married	1-1.1	20 47 40
BINDIN	info	D. L. bu	2D. DATE OF DEATH	19
Z	of	6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date abo	
	Every item of write the causes	7. 8irth date of	and that I last saw hallye on	
FOR	y it	deceased (mo., day, yr.) august 1886		1
	ver	8. AGE: Years Months Days If less than one day	Immediate cause of death	JUNATION
VE		6/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Strangulat	en
RESERVED	VFADING INK. Physicians: please	8. 8irthplace Jungary	Due to	
ES	Za	(Town Jounty, apristate)	Kangu	g by whe
	NGans	10. Usual occupation	Due to	4
MARGIN	DI	11. Industry or business	from	Mar
AR	Phy	12. Name gndrew Sisovsky 13. Birthplace Lungary	Other conditions	
M	4	wl	(Include pregnancy within 8	months of death)
T	Han	14. Malden name Maliques 15. Birthplace Jungary	Major findings:	PHYSICIAN
F	NIT	E 15. Birthplace Vungary	Of operations	Please underli
	Y, WITH U important.	16. Informant Cose Signarosky		death should be charged statistically.
	音	Address Port Evering 7. 4	Of autopsy	tany.
	AIN	12 Commenter Bale thereof 18-13-47	22. VIOLENCE: If death was due to external car	ises, fill in the following;
	PLesp	(Burial, cremation, or removal. Which?) (month) (cay) (year)	Accident, suicide, or homicide	Date of
	E is	Cemetery or crematory Landon Tack Usuelly	Where did injury occur? (City or town)	(County) (State)
	RI	Location - Datismak	injured at home, farm, industry, public place	where?) fuller plane
	SE WRITE PLAINLY correct age is especially i	18. Funeral director to saw I marmark	Means of injury from the	Injured at work?
20	PLEASE	Address Calmanulli - m	61 1	1 Da pille
S A1	EA	HILA 47 21 N 10	23. SIGNATURE	M. D. or other
N A	PI	19. (Date rec'd by registrar) Registrar	1010 Leed	and selling

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The

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 43

CERTIFICATE OF DEATH

	0.000	
1. PLACE OF DEATH	2. HOME (USUAL RESIDENCE) OF DECEASED!	
(a) County of allo	(a) State (M) County Coll	
(b) City or town (1) All Market (1) (If outside city or town limits, write RUWAL and give town)	(c) City or town Oello 4/4. Hame	Un PO
(c) Street address, hospital, or institution:	(If outside city or town limits, write RURAL	and give town)
23/5 C. JOFTA M.	(d) Street N25/1' E. JJTU P	EL.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rur 1 five location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Eugene Thomas	Smith	
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	-30.
None None	20. Date of death Deft 10 1947, at	2 p.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	; that I attend-
Male While divorced. Single	ed deceased from	19
6 (b) Name of husband or wife	and that I last saw him alive on19,	
6. (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 30 81/943	formaria of	- de 122-
	De de la	747
,/ 2 -	Due to Talk down Cellar	(4)
4 2 2hr, min.	Due to elebrat Kenneshar	
9. Birthplace Baltimore, Md.	8	-
(Town, county, and state)	Other conditions	
10. Osual occupation	(Include pregnancy within 3 months of death)	- PHYSICIAN
11. Industry or business	Major findings:	Underline the
E 12. Name Charles J. Smith	Of operations	- cause to which death should be
3. Birthplace Baltimore, Md.	Of autopsy	charged statisti-
14. Maiden Name Rita C. Kernan	Of autopsy	cally.
15. Birthplace Baltimore, Md.	22. If death was due to external causes, fill in the follow	
16 (a) Informant Charles J. Smith	(a) Accident, suicide, or homicide	NO
(b) Address 2515 E. Joppa Road	(b) Date of occurrence 9124	2
Buriel 9/T3/47	(c) Where did injury occur? Pauls 14, Sal	la mo.
(b) Date thereof	(City or town) (County) (d) Did injury of ur about home, on farm, industrial p	
(c) Cemetery or crematory (b) New Cathedral (day) (year)	place? Of home While at work	1
Location Edmondson Avenue Balto: Md.	(Specify type of place)	alt
18 (a) Funeral director George J. Ruth, Inc.	(e) Means of injury	in out
(b) Address A735 Harford Avenue	23. Signature Maryon 2	a mi
19 (a) 9/11/47 (b) A.W. Hedriel	Scanly meda M.D.	prothe
(Cafe rec'd by registrar) Registrar	Address Date signe	do
	wares and como	1110/47.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH	1: ./			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
Cily or town			URAL and give nearest town)	State	
Hospital, Institution, or street address where death occurred: Hood Nursing Home			•••••••••••••••••••••••••••••••••••••••	Street No. 2210 Roslyn Avs (If rural, give	e LOCATION)
How long in hospital or ins	titution?		***************************************	2.(a) It veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
7			DON SMITH		216-05-6366
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION D
M	W		Married	20. DAYE OF DEATH Sept. 27,	
			1.thyea	and that I last saw halive on	27 10 day 27 19 4/
8. AGE: Years	Months	Days	It less than one day	Immedia Cause of Seath	ceoustage 3 day
70	0	18	hrsmi		morrage 300g
9. Birthplace Balt 10. Usual occupation S	alesman.	****************	•••••	Due to.	27400
置 12. NameJ.ohr					
To	met Good	lwin		Major findings of operations	*
		0			
16. Informant	DISIE C.	Smith		Autopsy results	
Address 221	O Roslyn	Ave.		22. VIOLENCE: If death was due to external cau	
17				Accident, suicide, or homicide	Date of
cemetery MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			n	Where did injury occur?(City of town)	(County) (State)
Location Balto. Md.					
18. Funeral director	M. J. TI	CKNER	& SONS INC.	Means of Injury	injured at work?
Address North	& Pa. A	vest. B	al to. 17. Ad.	23. SIGNATURE Rocce	Motowiel
19. 9 - 30 10 49 All Archich) of (luch	le le	M. D. openher

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age

Vets. Adm. Hosp. How long in hospitat or institution?.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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Reg. Dist. No..

3. (b) Social Security Number

		4	
V	1	1	
 F	7		

	CERTIFICATE	OF	DEATH
I. PLACE OF DEATH: Baltimore	2.		. RESIDENCE

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Baltimore City or town Fort Howard	State Maryland County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 90 De VS	City or town. Baltimore. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1309 W. Mulberry Street
Vets. Adm. Hosp., Fort Howard, Maryland	(If rural, give LOCATION)

A Say	1 5. Coinr or race	6.(a)Single, married.	widowed, or divorced
	JES	SSIE SMITH	
3. (a) FULL NA	AME		

MEDICAL C	ERTIFICATION	
	219-20-7696	
	,	

		JES	SSIE SL	
l, Sex		5. Color or race	6.(a)Singi	le, married, widowed, or divorced
Male co.		colored	m	arried
		, wife Rebe	6.(ith (c) If alive, give ageyears
B. AGE:	Years 60	Months 6	Days 5	If less than one day
11. Industry o	r bustness	Unemplo lip Smith irginia	yed	state)
	en name .E	liza Jone irginia		
	Clir	Fort Hows	ard, Ma	0 101 100 1100
(Burial, concentration) Cemetery of Location	r cremator	Baff	5. n	The court of the c

21. I CERTIFY that death occurred on the c June 11.	late above stated; that I attended de	ceased from er 9., 19.4
and that I last saw h A.Mative on		
Immediate cause of death Carcin		
Caecum Metastatic		
Mesentery		
Mesentery		,

Due to		4
Other conditions		
(Include pregnancy wi	thin 3 months of death)	
Major findings of operations		
major suaroge of operation		
Antopsy resultsSubstanti		
Antopsy results	e to which death should be charge	ed statistically.
22. VIOLENCE: If death was due to exte		
Accident, sulcide, or homicide	Date of	
Where did injury occur?(City or	town) (County)	(State)
Injured at home. farm, industry, public p	lace (where?)	

23. SIGNATURE KOLLINON, MD. CLIN. DIR. M. D. or other
R.M. CULLISON, MD. CLIN. DIR. M. D. or other
Registrar Address. V. A. H. Fort Howard, Md. Date signed. 9-9-17

1. PLACE OF DEATH:

PLEASE WRITE PLAI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

2. USUAL RESIDENCE (HOME) OF DECEASED:

07812

CERTIFICATE OF DEATH

Reg. Diat. No.

County Baltimore				(For newborn infants give residence of mother)	
Cot	amarrilla			State Maryland county Prince Geor	ge
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 mos. 29 days			RURAL and give nearest town)	City or town Mt. Rainier (if outside city or town limits, write RURAL and give near	_
How long in above plac	e of death?9 M	os. 29	days		
Hospital, Institution, or street address where death occurred: Spring Grove State Hospital				Street No. 4224 31st. Street	
				(If rurai, give LOCATION)	/
How long in hospital o	or Institution?9 M	os. 29	days	2.(a) If veteran, name war	
3. (a) FULL NAM SOUSSA	ME , Mary Eliz	zabeth		3. (b) Social Security N	lumber
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Forma la	7850 5 do -	387.	: 3 3		30.45
Fema le	White	1 74	idowed	20. DATE OF DEATH September 13, 19.47	at 10:45 p
B.(b) Name of husband	d or wife Dec	eased.		21. I CERTIFY that death occurred on the date above stated; that I attended decean	
			c) If alive, give ageyears	November 15, 19 46 16 September	
T. Birth date of				and that I last saw h.G.T. alive on September 13,	18.47
	yr.) Unknown.		1867	Immediate cause of death Acute cardiac	DURATION
8. AGE: Year		Days	If less than one day	failure; Chronic cardiac asthma;	
80 (?)		hrsmln.	Chronic cardiovascular disease.	
	Unknown			Due fo.	**********************
9. Birthplace	(Town,	county, and	atate)	Jue 10	***************************************
				Due fo	*************************
The state of the s					*************************
置 12. Name	nknown.			Other conditions	
13. Birthplace U				(Include pregnancy within 3 months of death)	
E 14 Maiden name	Unknown.				
6	77 3		5,	Major findings of operations	
≥ 15. Birthplace	Unknown.		***		
16. Informant	Unknown. Unknown. Hospital Re	cords.		Autopsy results. None.	
1)	ing Grove			PHYSICIAN: Please underline the cause to which death should be charged st	tatistically.
			11) + 77 16.	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. (Burial cremation	on, or removal, Which?)	Date there	eof (month) (day) (year)	Accident, suicide, or homicide	
	-7/1/	- 101	with Cometeen	Where did Injury occur?	
Cemetery or cremat	tory fifth	7	TO O		
Location	101 Pull	1677	g () 1 (2 '	Injured at home, farm, Industry, public place (where?)	
40.5	T. F.C.	FOAL	TOPPOS	Means of Injury Injured at work?	
19. Funeral director	27 1	+ 11 +	La FONY	Doube June	
Address	- 2- 1/011	11 100	yould it	23. SIGNATURE Isadore Tuerk, M. D.	
19. 10/23	3 19 47	1	a.w. Hedrich		
19.	19		Da. T Pagistrar	Spring Grove State Hospital	10-22-47

REDUCKTON DAY

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MARYLAND STATE DEPARTMENT OF HEALTH

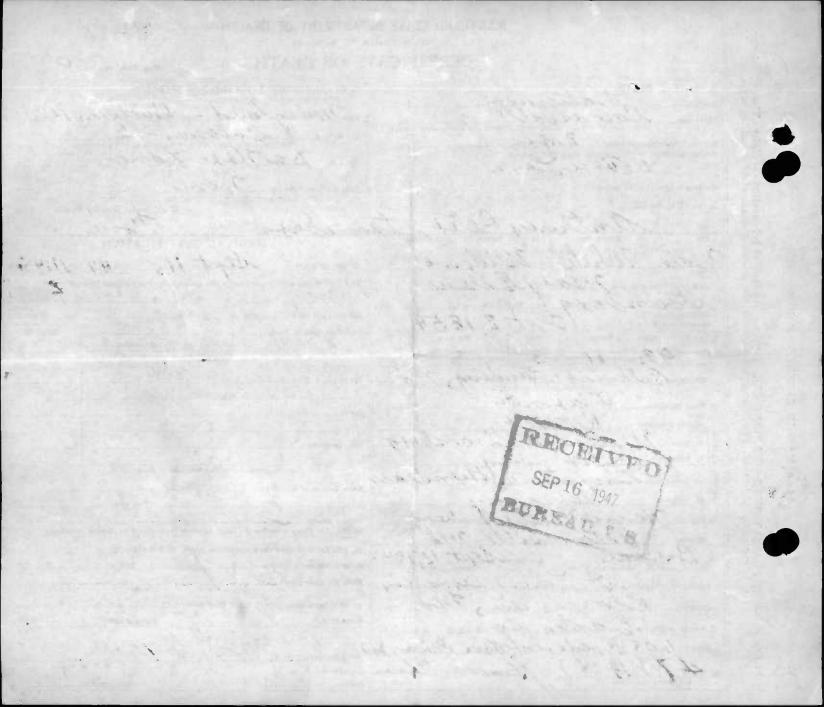
2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

W 1 -	
	>
leg. Dist. No.	

1. PLACE OF DEATH: R	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State State State County South State
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
Hospital, institution, or street address where that becurred:	Street No. Day Ille Jane
Dellete Jehril	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anthony Peter Sta	ombera Tone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH SEAT. 11 1947 at 11:450 M
6.(b) Name of husband or wife. Many Ellend	21. I CERTIFY that death occurred on the date above stated: that I attended depeased from
Att and a line of	aleg 1 194/10 Hegy 11 19
7. Birth date of	and that I last saw h leadive on Reg 11
deceased (mo., day, yr.)	Immediate squae of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral Howar bage 2023
920 11 3min.	
9. Birthplace To let the get Francising Mil	Due to Reservat 1960 asterio
(Town, county, and atate)	5 cler mi
10. Usual occupation	
11, Industry or business Retired	Duo to
# 12. Name William Stromber	***
E	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Shapa attange affiliation of the state of	Major fiedings of operations.
\$ 15. Birthplace Alexander	Date of op.
16. Informant Densy TH Stadybers	Aotopsy results.
24-110.0.11	PHYSICIAN: Please underline the cause to which death shootd he charged statistically.
Address Coloravelle Till	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. It was a start the second the se	Where did injury occur? (City or town) (County) (State)
Location Relationship The	Injured at home, farm, industry, public place (where?)
E - of 1	Means of injury injured at work?
18. Funeral director	
Address 1008 to redescripture Cutone is	23. SHOWATURE Delice In forkel
ANVIL X7 Handelle	Z3. SIGNATURE M. D. or other
(Date rold by registrar)	Address Malaum Tolle Date signed 9-12



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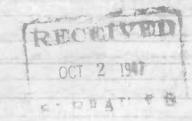
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.,

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
				Mamrland		
City or town (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)		inty	200000200020000000000000000000000000000
How long in above place of death?			:		d	
How long in hospitel er	Institution?			(If rurai, give None		V
3. (a) FULL NAM		VINA S'	rumpf		3. (b) Social Security None	Number
4. Sex	5. Celor or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	E. ST. T.
Female	White		Married	20. GATE OF DEATH Sept /		
	C	6.(0	C.) If alive, give age	21. I CERTIFY that death occurred on the date about 19.1. and that I last saw h	ve stated; that I ettended decided to the state of the st	eased from 19.4.7
8. AGE: Years		Days	It less than one day	Immediate caose of death		
80	11	24	hrsmin.	Carcinoma Z LI Te		3 200
9. Birthplace. Baltimore, Maryland (Town, county, and state) Housewife 10. Usual eccupation. Housewife 11. Industry or business. At Home				Due to		****
11. Industry or busines:		••••••		Other conditions	**************************************	***************************************
14. Maiden name		Rudig	er	(Include pregnency within 8 n		
	rs. C. C. Fa	rril				
	Park Ave.,		4.1	Antopsy results		
17. Burial Date Sept 22, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Loudon Park Cemetery				22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date o1	
Location	Baltim	bre, M	aryland	Injured at home, ferm, Industry, public place (wh		
18. Funeral director	own Bu	uma	Long	Means of Injury	Injured at work?	
Address	Towson	Mary	land of the	11.0.10	lleman	my
19. Sept.	10 10	MA	openers after	23. SIGNATURE MS	34 T)	or other Sent 191947



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Char	EPARTMENT OF HEALTH lea St., Baltimore TE OF DEATH Reg, Diat, No. 39
1. PLACE OF DEATH: County Baltimore City or town Towson (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 months, 17 days Hospital, institution, or street address where death occurred: Sheppard_Pratt Hospital, Employee's Infirma: How long in hospital or institution? 5 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Maryland County Baltimore City or lown. Rural (Towson) (If outside city or town limits, write RURAL and give nearest town) Tystreet No. Sheppard-Pratt Hospital (If rural, give LOCATION) 2.(a) If veteran, name war.
MRS. MARION BURNETT STURTZ	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Pivorced	218-16-4165 MEDICAL CERTIFICATION 20. DATE OF DEATH September 12 19. 47. at 10:30 Page 15. September 12
(Mt. Savage, Md.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Pays Higgs the age of the save for the save fo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27 19.46 Sept. 12.47 and that I last saw her alive on September 12 19.47 Immediate cause of death. Chronic myocarditis
8. AGE: Years Months Days If less than one day 61 7 6	(auricular fibrillation) DURATION 1 day
9. Birthplace Lanarkshire, Scotland (Town, county, and state) 10. Usual occupation Maid 11. Industry or business Sheppard—Pratt Hospital	Due to Arteriosclerosis and hyperten- sive cardiovascular disease unknown
12. Name George Burnett 13. Birthplace Lanarkshire, Scotland 14. Malden name Isabella Leird 15. Birthplace Lanarkshire, Scotland 15. Birthplace Lanarkshire, Scotlan	Other conditions Recurrence of carcinoma in pelvic lymph nodes & bladder, Anemia.l year (Include pregnancy within 3 months of death) Major findings of operations. Carcinoma of uterus with extension & metastases Date of on July 30, 1946
16. Informant Records of Woman's Hospital Address Baltimore, Md.	Antopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Butial cremation, or removal. Which? Cemetery or crematory. Prospect Hill cemetery Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

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tem of information carefully. The causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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24	1	l	N.	Charles	St.,	Baltimore	10

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HC (For newborn infants give re	OME) OF DECEASED:
State Mary land	County
City or townBaltin	NO TO town limits, write RURAL and give nearest town)
Street No	weet also to company
2.(a) it veteran, name war	rurai, give LOCATION)

60 .	1 - 1	27.0 %	7 1	BIA	BAT
35. 1	a	FU	L.L.	NA	IVI E.

1. PLACE OF DEATH:

William Tolkin

Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Baltimore

How long in above place of death? 34 years, 5 months, Hospital, Institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 34 mears, 5 months.

4. Sex	5.	Color or race	6.(a)Single, married, widowed, or divorced
male		white	single
8.(b) Name of husb 7. Birth date of deceased (mo., d			
8. AGE: Y	lears	Months	Days If less than one day
	55	?	?hrsmin.
8. Birthplace		Russi	
10. Usual occupati	ion	None	•••••
11. Industry or bus	iness	None	
12. Name 13. Birthplace		Himan	Tolkin
		Russi	8
14. Malden na		Eva L Russi	***************************************
16. Interment		Hospi	tal records
Address		Caton	sville-28, Md.
17(Burisl, crems Cemetery or cre	tion, or	al removal. Which Washin	Date thereot Left 9/4/ (month) (day) (year)
Location	Se	el Leu	Enson & Bus.
Address /	112	4-26	w north are
19. 9/8/	d y registr	7 19 To	Registrar

	MEDICAL CERT	TFICATION	
2D. DATE OF DEATH	September 7	19 47 at 7:05	1
21. I CERTIFY that dea	th occurred on the date above sta	ted; that I attended deceased from	
	19	, to	
and that I last saw h	alive on	19 .	
	eath		
		fallen	
		a disere	

(lnei	ude pregnancy within 3 month	s of death)	
	ratious		
		Date ot op	
Autopsy results PHYSICIAN: Please	nuderline the cause to which o	eath should be charged statistically.	
22. VIOLENCE: It de	ath was due to external causes,	III in the following:	
Accident, suicide, or h	omlcide	Date of	
		(County) (State)	
Injured at home, tarm,	Industry, public place (where?)		
Meens of Injury		Injured at work?	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07817	()	7	8	1	'Y	J)
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Reg. Diat. No ...

Baltimore	(For newborn infants give residence of mother)		
County	State Maryland County City or town Baltimore, (If outside city or town limits, write RURAL and give nearest town) Street No. 2511 Guilford Ave. (If rural, give LOCATION) SAW		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 3 days Hospital, inetilution, or street addrese where death occurred: Vets. Adm. Hosp. Fort Howard, Md. How long in hospital or institution? 3 days			
3. (a) FULL NAME	3. (b) Social Security Number		
HENRY JOHN TRIMP	Unknown		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male M White Married	20. DATE OF DEATH September 7. 19. 47 at 2120 P		
6.(b) Name of hueband or wife. Mary Trimp 6.(c) It alive, give age. 62 7. Birth date of deceased (mo., day, yr.) February 18, 1879	21. I CERTIFY that death occurred on the date above clated; that I attended deceeeed from September 4, 19. 47, to September 7, 19. 47 and that I last caw h im alive on September 7, 19. 47 Immediate cause of death CARDIAC DILATATION QUARTION		
8. AGE: Years Monthe Days If less than one day 68 6 21	Immediate Cause of Genta.		
Baltimore, Md. 8. Birthplace (Towo, county, and atate) 10. Usual occupation None 11. industry or business	Due to Aneurysm of abdominal aorta and aneurysm of right renal artery ?		
12. Name Deceased Henry J. Jimps 13. Birthplace	Dther conditione		
14. Maiden name. Deceased Jane Kilroe 15. Birthplace M. W.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Clinical Records, Vets. Adm. Hosp. Address Fort Howard, Md.	Autopsy results. Substantiated above. PHYSICIAN: Please onderline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Whieh?) Date thereof (Month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, 1111 in the following: Accident, suicide, or homicide		
Cemetery or crematory Cathedral Cemetery Location Baltimore manyland	Where did injury occur?		
18. Funeral director. Wm. Cook Inc.	Meane of Injury tnjured at work?		
Address St. Paul at Preston Sts. Address St. Paul at Preston Sts. (Datefred by registrar) Registrar	23. SIGNATUREX Calcult. Cucks, Mr. D. opother Address. The Company of the Manual Manua		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reg. Diat. No.

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: VetsAdmHospital,FortHoward,Md	Street No
How long in hospital or institution?230days	
3. (a) FULL NAME WILLIAM F. TUCKER	3. (b) Social Security Number 103-30-6975
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Married	20. DATE DF DEATH September 14 1947 21 1:15 A
6.(b) Name of husband or wife Marie F. Tucker	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 17, 1908	January 26 19 47 10 September 14 147 and that I last saw h im alive on September 14 47 Immediate cause of death TUBERCULOSIS, PULMONARY, DURATION
8. AGE: Years Months Days If less than one day	BILATERAL. FAR ADVANCED 8 mos.
39 1 28hrsmin.	
9. Birthplace Rocky Mt. North Carolina (Town, county, and state) 10. Usual occupation	Due to
11. Industry or business	DUE TO
12. Name. Rupert Tucker 13. Birthplace West Virginia	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary E. Hines 15. Birthplace North Carelina	Major findings of operations
16. Informant Clinical Records Vet. Adm. Hosp.	Antopsy results
Address Fort Howard, Maryland 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory. Social Union	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
Localion Rocky Mountain, North Carolina	Injured at home, farm, industry, public place (where?)
18. Funeral director Elroy Wilson	Means of Injury Injured at work?
Address 1000 Brently Avenue Balto. Maryland	(D.O. 1 h (200.)
19. Sept 15 19 47 a.w. Hefuel (Date red of by registrar)	23. SIGNATURE R. N. CULLISON, M.D. Clinitel Piroctor Address V.A. Hosp. Fort Howard, Md Cale signed 9/14/47

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07819

Reg. Dist. No. 32

1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
Dan	dallat own		***************************************	State Maryland Coun	. Baltimore	
City or town	If outside eity or town	limits, write F	RURAL and give nearest town)	Dandall of own		
			***************************************	(If outside elty or town limits,	write RURAL and give ne	arest town)
Hospital, Institution,	or street address where	. 3		Street No. Cliffmar Road		
	liffmar Ros	la	***************************************	(If rural, give I	OCATION)	
		****************		2.(a) tf veteran, name war		
3. (a) FULL NA	ME				3. (b) Social Security	Number
		_	e Clayton Tull		none	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Articloure	20. DATE DE DEATH. September 5	19.47	.9:30 P
-413.61	. V Mai	w Ella	Tull			*
				August 19.		
7. Sirth date of			c) If alive, give ageyears	and that I last saw h im alive on Sept	APP	19 47
deceased (mo., da	y, yr.) Marcl	16, 1	868	Immediate cause of death		_
o. Mon.	ars Mooths	Days	If less than one day	Coroneira		
	79 . 5	20		Chronic Myocs	-	
	Accomock	Co. V	irginia		LEMAN.LS	
	(Town	, county, and s	state).	Arterio Scler		
1D. Usual occupatio	Morche	nt (Re	tired)	ALCOLTO OCTOR	0818	
	*		1000	Due to		**
11. Industry or busin		Vineini	.		***************************************	
12. Name	01141104117	TAL BAIL	***************************************	Other conditions Senility		•
	27-1	77.		(Include pregnancy within 3 me	onths of death)	
14. Maiden nam	Unknown -	virgini	a -	Major findings of operations		
15. Birthplace		-		major indings of operations.		
	fr. Harold	White -				
			***************************************	Autopsy results		
Address	Cliffmar R	pad	0 115	22. VIOLENCE: It death was due to external cause	es fill in the tollowing.	
17. Burial, cremati	on, or removal. Which	Date there	(month) (day) (year)	Accident, suicide, or homicide		•••••
Cemetery or crem	No. and	ung C	Kurch Carette	Where did injury occur?(City or town)		
A	011 1/1	001 9	A CONTRACTOR OF THE PARTY OF TH			
Location	7 6 19 0	119	1	Injured at home, farm, industry, public place (whe	lolured at work?	
18. Funeral director	trank	17	luell	means of injury	Tojuicu at work?	
Address 1	Resort	Ce 8	·mal	1766-11	1 chals	
0-1		2	27:10	Pikesville, Md.	M, D.	or other
19. (Date ree'd by	registrar)	(a.:	Registrar	Address		A .
	- (a.g.ica.	



To Election Co

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newporn infants five residence of mother)
Cily or town (If outside city or town limits, write RURAL and five nearest town)	Slate County County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Stablewille 24
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lurge Washington Ju	rutaugh 917-07-6366
4. Sex 5. Color or race 6.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	20. DATE OF DEATH. 2 2 7. at 2 2 7.
8.(b) Name of husband or wife Alice Falmer	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
Turnbaugh. 6.(c) It alive, give age 60 ye	2015 19 10 10 10 10 10 10 10 10 10 10 10 10 10
deceased (mo., day, yr.) Aza ozas f 1, 1879	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
68 1 2nrs.	nin.
Black Pook Md.	Due to.
9. Birthplace (Town, county, and state)	
10. Usual occupation Laboyer	Due to
11. Industry or business Track Ganor. R.R.	
12. Name Kichard Turnbaugh	A. Other conditions
12. Name Kichard Turn bangh 13. Birthplace Tunk.	
	(Include pregnancy within 3 months of death)
14. Maiden name Flen Shaw 15. Birthplace Alesia. Md-	Major findings of operations.
El 15. Birthplace A/es/a, Ma-	Date of op.
16. Informant Med Cliff Seventar	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Parklan Ind. R.	1.
17 Burial Date thereof Sept. 6, 19	2. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory VIII LON Cemet	Where did injury occur?(City or town) (County) (State)
Location Freeland Balton Co., N	A Jnjured al home, farm, industry, public place (where?)
() () was low town to	Means of Injury Injured at work?
18. Funeral director	m (2) 11. 0 11 1 1. 6 2 119
Address Mew Fiseldom Ja	23. SIGNATURE Bollin to Newson'M. 1) Mit
9.45 17 7.8. Mich	M. D. or over
(Date ree'd by registrar)	rar Address (Wash Val) Bata signed 9/3/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()7821 Reg. Dist. No. 32

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Cleate and the state of the sta	MEDICAL CERTIFICATION 20. DATE OF DEATH
19. (Patrec' by registrar) 1849 & & Meller Registrar	23. SIGNATURE Tank of Royal 2n D. or othery Address 2" Clinck Lan Fillswidte gold marget 27



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2411 N. Charles St., Baltimore

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CERTIFICA	AIE OF DEAIH Reg. Diat. No.
1. PLACE OF SEATH County County County City or town Market County City or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather) State
How long in above place of de 19. Hospital, institution, or street address where death fourted: 24.2.3.4. Checker and How long in hospital or institution?	(If outside lity or town limits, write RURAL and give nearest town) Sireel No
3. (a) FULL NAME Bornard 7. Me	inhold, 3. (b) Social Security Number
Male Mule Miche Microse.	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. 6.(c) If alive, give age y	21. I CERNET that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day	Immediate of the ul death Disease Duration
9. Birthplace Mg (Toyn/county, any state)	Oue Io.
10. Usual occupation Relief 11. Industry or business Handard Oct Co.	Due to
12. Name Balty med	Other conditions
14. Maiden name annu - Pollert. 15. Birthplace med.	Majur findings of operations
16. Informant Bernard 7. Ween hold	Autupsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Buridi, eremation, or removal, Which?) Date lhereot. 9/22 4 grounth, (day) (year)	22. VIOLENCE: It death was due to exiernal causes, till in the following: Accident, suicide, or homicide
Commetery or crematory	Where did injury occur?
18. Funeral director Salamu & Attiffman Address 1639 avadors	Mesns of Injury Injured at work?
19. 9/19/147 G. W. Joed.	23. AIGHATURE ALL MELLESS Boar gener trar Address A Date signed 9// 8/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

pect age

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SE WRITE PLA A15 PLE AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07823

CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH: County Raltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Catons Ville (If outside city or town limits, write RURAL and give nearest town)	State County County County County City or town Paltimore	
How long in above place of death?	City or town	town)
How long in hospital or institution? 1 MOs 22 days	2.(a) If veteran, name waç	V
3. (a) FULL NAME KATTIE CHLOPICKA -	WELZEL 3. (b) Social Security Num	ber
4. Sex 5. Octor or race 8.(a) Single, married, widowed, or divorced Female hite Separated	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 23 19 47 , at	9:30 P
6.(b) Name of husband or wife Howard Welzel 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased f	197
7. Birth date of deceased (mo., day, yr.) Oct 16 1908	and that I last saw h. E.T. ailve on Santahar 23 Immediate cause of death Aoute myocardial	DURATION
8. AGE: Years Months Days if less than one day	feilore:	day
38 10 25hrsmin.		ears
9. Birthplace 91timore, arvland (Town, county, and state)	Due to	
10. Usual occupation FOIS ewife	Due to.	
11. industry or business Domestic		
12. Name John Ullonicki 13. Birtholace Poland	Dther conditions	• • • • • • • • • • • • • • • • • • • •
	(Include pregnancy within 3 months of death)	
14. Maiden name Josaphina Rundy 15. Birthpiace Poland	Major fiedings of operations.	
16. Informant Bertha Ey	Aolopsy results. None.	
Address 3108. Broadway	PHYSICIAN: Please uoderline the caose to which death should be charged statist	tically.
(Burial, cremetion, or removal, Which?) Date thereof. Sept. 29-47. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory. H. Oly Rosard	Whers did Injury occur?	
n at the or	(City or town) (County) (Sta	ite)
18. Funeral director Wm & Fialkowski	Msana of Injury injured at work?	
	Drade Turk	
Address 2007 Eastern are	23. SIGNATURE. I sadoro Thoris. I. D. M. D. or oth	
19. (Date rec'd by registrar) Registrar		23-47

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County 3 allinors	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marchael Gounty Balts
City or town	T . +
Now long In above place of death? 18 Message	City or town
Mospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war.
3.(a) FULL NAME Lissie M Wheele	3. (b) Social Security Number
4. Sex 5. Cold of year 6.(a) Single, married, wildowed, or divorced Marced	MEDICAL CERTIFICATION 20, DATE OF DEATH September 26, 1947 , 5:30a M
6.(b) Name of husband or wife. Elistia P Wheeler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of decased (mo. day vr.) Coversley 17-1884	and that I lest saw h Ph alive on Syst 2/19.47
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
62-10 7hrs,min.	Disease 18mo
9. Birthplace (Town county, and state)	Due to.
10. Usual occupation	Due to
12. Name Leculo Perph.	Other conditions Di alietus militus & yes
	(Include pregnancy within 3 months of death)
14. Maiden name Susuala Wells 15. Birthplace Null	Major findings of operations.
GO: J Prulicales	Date of op.
16. Interment	Actopsy results
Address Cyclices the Shapey	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereot (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Bulto to Mid	Injured at home, farm, industry, public place (where?)
18. Funeral director Thereword a fintam	Meens of injury Injured at work?
Address Hampestead Jud	23. SIGNATURE Mauring C. Vartufung
19 Sept 27 19 47 / Cyril Fowth m.	Description M. D. of other D. of other

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SEP 30, 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.

3. (a) FULL NAME MANY Social Security Number 3. (b) Social Security Number MEDICAL CERTIFICATION 8. (c) Name of hurband or wife 8. (d) Name of hurband or wife 8. (e) Haive, give age 19. 4. 19	City or town (If outside eity of town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
S. (6) Hame of husband or wife. S. (7) June 1 10 10 10 10 10 10 10 10 10 10 10 10 1	3. (a) FULL NAME Margaret Augusta Wiit	3. (b) Social Security Number
deceased (no., 6s), yr.) 8. AGE: Years Modifis Days II less than one day 9. Birthplace Shumany 10. Usual occupation Shuman Sh	F W Married 6.(b) Name of husband or wife Slessel. 6.(c) It allve, give age years	20. DATE OF DEATH. Sept. 2 6 19.47 at 6 P. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 to Sept. 2 6 19.47
11. Industry or business 12. Name Sank Schneider 13. Birthplace 14. Malden name Anna Sels 15. Birthplace 16. Informant Hand Sels 16. Informant Major findings of operations. 16. Informant Major findings of operations. 17. Bernal cremation, or removal. Which?) 18. Evenetery or crematory Accident, Sels Major findings (City or town) (County) (State) 19. Injured at home, farm, industry, public place (where?) Major findings of operations. 10. Include pregnancy within 3 months of death) Major findings of operations. 11. Include pregnancy within 3 months of death) Major findings of operations. 12. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. 18. Funeral director 18. Funeral director Address Mane of injury occur? Mane of injury 19. Sankafur and Ray 20. Signafure And Mane of Injury 19. Sankafur and Ray 21. Signafure And Mane of Injury 19. Sankafure And Mane of Injury 19. Sankafure And Mane of Injury 22. VIOLENCE: If death was due to external causes, till in the following: 22. VIOLENCE: If death was due to external causes, till in the following: 23. Signafure And Mane of Injury 19. Sankafure And Mane of Injury 19. Sankafu	deceased (mo., day, yr.) 8. AGE: Years Mostris Days If less than one day	Immediate cause of death DURATION Coloniany Thrombosis Sudden. Due to altris Sulgestic Cardin 191
15. Birthplace 16. Informant	11. Industry or business 12. Name tank Schneider 13. Birtholace Germany	(Include pregnancy within 3 months of death)
Cemetery or crematory. Aerid County County Where did Injury occur? (City or town) (County) (State) Location Jerman Sell Co., Injured at home, farm, industry, public place (where?) Meane of Injury trijured at work? Address HOT Eastern County (State) 23. SIGNATURE County (County) (State)	16. Informant. Herzel With. Address / 500 Earlem well a	Autopsy results
	Cometery or crematory faculty beart Location German Sulfacion 18. Funeral director Sung German	Where did Injury occur?

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 days Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Fort Howard, Md. How long in hospitat or institution? 15 days	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 772 Waescher Streets. (If rural, give LOCATION) 2.(a) If veteran, name war. WW-1		
3.(a) FULL NAME BERLIN L. WILLIAMS	3. (b) Social Security Number unknown		
4, Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Negro Married	20. DATE DE DEATH. September 13 19.47 21 10:30A		
6.(b) Name of husband or wife Mary Williams 6.(c) If alive, give age 35 years 7. Birth date of deceased (mo., day, yr.) August 18, 1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 19. 47, to Sept. 13 19. 47 and that I last saw h im alive on September 13 19. 47 Immediate cause of death INFARCTS, RIGHT AND DURATION		
8. AGE: Years Months Days If less than one day 52 0 25	LEFT LUNGS Unknown		
9. Birthplace Virginia (Town, county, and atate) 1D. Usual occupation. Machinist 11. Industry or business 12. Name. Abner Williams. 13. Birthplace Oklahoma	Due to		
14. Maiden name Julia Woolford 15. Birthplace Texas	(Include pregnancy within 3 months of death) Major findings of operations		
Address Fort Howard, Maryland 17. Burial, cremation, or removal, Which?) Cemetery or crematory Balts, Maturials	Autopsy resolts		
18. Funeral director. Adolphus Halstead Address 9/8 Drewid Hell Avenue 19. Left 16 19 47 Q. W. Halled (Date reed by registrar) Registrar	Msans of Injury Injured at work? 23. SIGNATURE ROBERT M. CUILISON. M.D. Vets. Adm. Hosp. Address Fort Howard, Md. Date signed 9-34-47.		

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MARYLAND STATE DEPARTMENT OF HEALTH

24I1 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 33

County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
City or town. Glyndon (If outside city or town limits, write RURAL and give nearest town)	Glyndon
How long in above place of death?	City or town
New long in hospital or institution?	2.(d) If veteran, name war
3.(a) FULL NAME Margaret Emma Williams	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widowed	20. DATE OF DEATH Sept 14 19 14 7, st 9 A M
8.(b) Name of husband or wife. John Williams 7. Birth dato of Sont 33 3096	21. I CERTIFY that death occurred on the dato above stated; that I attended decoased from
deceased (mo., day, yr.) Sept. 11, 1886	Immediate cause of death Caranary Occumentary 10 min
9. Birthplace Carroll Co. (Town, county, and atate) 10. Usual occupation Housework	Due to
11. Industry or business 12. Name John Robinson 13. Birthplace Md.	Other conditions
14. Maiden name Cassanda Nelson 15. Birthplace Md.	(Include pregnancy within 3 months of death) Majar findings af aperations
16. Informant Hilda Jorden Address Reisterstown, Md.	Autepsy results. PHYSICIAN: Please underline the cause to which death shentd be charged statistically.
Burial (Burlal, cremation, or removal, Which?) Cemetery or cromatory Piney Grove Bato thereof Sept. 16, 1947 (month) (day) (year)	22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide
Location Balto.Co.	Injured at home, farm, industry, public placs (where?)
18. Funeral director J.F. Eline & Sons	Means of Injury tejured at work?
Addross Reisterstown, Md. 18. 9-16- (Date rec'd by registrar) Registrar Registrar	23. SIGNATURE 2, D. Eagles, M. D. or other Addross Reisterstown, Ind. Bate signed 9-15-342.

MEANDON THERET AND BUSINESS ATE AND APPEARS THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. TOWN THE TAX A COM The second secon RECEIVED SEP 19 1947 BUNKAU CA AND AND STREET STREET

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PLEASE WRITE PLAINLY, WITH UNE DING INK. Supply every item of information carefully. The corpet is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07828 43 Reg. Dist. No.

The state of the s		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fappewhorn infunts give/residence of mother)	
County City or town Fullerton	state Maryloma, gounty Dollman	re
(If outside city or town limits write RURAL and give nearest town)	City or town / Noch Taven	
How long In above place of death?	/(If outside city or town limits, write KURAL and give nee	restrown)
nospital, institution, or street audiess where death occurred.	Street No Doy 355 Many Many Daning KUD	or jour some
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Joshua Robey His	3. (b) Social Security	Number
Sex 5. Cologor/tace/ 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Strile Married	20. DATE OF DEATH NEXTEMBER 15- 1947	700
Ludia) (clipath) Hilliam)	21. I CERTIFY that death occurred on the date above stated; that attended dege	ased trom
6.(6) Name of husband or wife Manual	June 10 1947 to Sextent	
7. Birth date of	ears /	19 4 7
deceased (mo., day, yr.) Nelcomore 31-1889	Immediate cause of death.	DURATION
8. AGE: Years Months Days tiless than one day		
0/18/10 hrs.	nin. anorego.	3 weeks
9. Birthplace Carroll Co Maryland	Due to	
(Town, county, and state)	Rulmonory Tuberculosis	3 month
1D. Usual occupation.	Que to	* *************************************
11. Industry or business // aufland Jamma Jahot for J	chronic Myocarditis	5 months
12. Name Vous Stilson	Other conditions Orteroschools	1 year
14. Malden name Kersiah (). Darnes	(Include pregnancy within 3 months of death)	
15. Birthplace Maryland 1	Major fludings of operations	
Mrs Shedial (William)	Date of op.	
16. Informant	Autopsy results	
Address Dox 350 Worm warry many	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or Amatory of Santalence	Where did injury occur?(City or town) (County)	(State)
Location Samper, Carroll Co. Marylans	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Durage Funeral Home	Means of Injury Injured at work?	7
Address 3631 Halbo Prad Rollinger !!	Egheth. Colorline	recl
Relet 12 " 2 1 91 4 1	25. SIGNATURE M. D.	or other /
19. 19 Registr	TES Address 2706 Straw St Bate signed.	9/16/4-

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /246

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			CERTIFICAT	L OF DEA	. 1 1 1	Reg. Diat. No	T
1. PLACE OF DEAT Baltin	H: nore			(For newborn is	ENCE (HOME) OF	nother)	
City or town	Howard side city or town I death? reet address where t Howard	imits, write R 32 day;	URAL and give nearest town) 5. 1: Land	City or town	ltimore utside city or town limits, Venable Ave (If rural, give L	write RURAL and give ne	earest town)
3. (a) FULL NAME	LVIN F.	WOLR	(CALVIN PRANKT IN	WOLF)		3. (b) Social Security	Number
4. Sex Male	5. Color or race White		(CALVIN FRANKI IN e. married, widowed, or divorced	20. DATE OF DEATH		RTIFICATION 15 47	6:26 P
5.(b) Name of histrand or 7. Birth date of deceased (mo., day, yr.)	10-7		c) It allve, give age31years	August I and that I tast saw h. i	th occurred on the date above L4 19.4 LM alive on Sept	e stated: that I attended dec	eased from T 15 19 47
8. AGE: Years 36	Months 11	Days	If less than one dayhrsmin.	immediate cause of de	ANTIAL OL	100 10	l menth
9. Birthplace	(Town,	d	and state)	Other conditions S.p.		ZQCXXXXXXX	unknown unknown
14. Maiden name 15. Birthplace	Lydia Fo Baltimor nical Rec t Howard,	e, Md.	Vets Adm. Hosp.	Major findings of oper enlargedS Autopsy results PHYSICIAN: Please to	pleen	liver and	9-4-47
17Bur: (Burial, cremation, c	ial or removal. Which?		9/18/47 (month) (day) (year)	Accident, suitide, or ho	omicide? (City or town)		
18. Funeral director Address			a w Him	Injured at home, farm, Means of Injury 3. SIGNATURE	Industry, public place (whe	Injured at work?	or other
(Date p'c'd by regi	strar)	****	Registrar	Address V .A. H.	Fort Howard	Md . Date signed.	9-15-47

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH	Reg. Diat. No	7.3
	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
***************************************	state Md.	county Balto.	************************
i give nearest town)	City or town Raspeburg (If outside city or town lin		
	Street No. Whitemarsh		est town,
	Street NoW.III.U.SIII.Z.I.Z.I	ive LOCATION)	
	2.(a) if veteran, name war		
		3. (b) Social Security N	umber
1		none	
idowed, or divorced	MEDICAL	CERTIFICATION	
ed	20. DATE OF DEATH Septembe	r 19th, 19 47	111 P.
	21. I CERTIFY that death occurred on the date		
ive ageyears	July 17	19 / H 10 June /	3 19.4.2
ive agejears	and that I last saw halive on	June 013	19.4.7.
han one day	Immediate cause of death	Z	DURATION
	Coranary the	ombosis	2
hrs min.	4		
	Due to My Rentennie a	Menoselesstu	5745
	caldiovacu	las diarday	1
***************************************	Due to		V
	Other conditions Len's On	Unissellouis	544
	Calculate Contract & Calculate Calcu	Tenosio	5- Jyrs
		o months of devely	
	Major findings of operations	Date of op	
	Antopsy results	***************************************	
burg.Md.	PHYS1CIAN: Please underline the caose to	which death should be charged s	tatistically.
	22. V10LENCE: If death was due to externat	causes, till in the following;	
t.23,1947	Accident, suicide, or homicide		
	Where did injury occur?(City or tow	n) (County)	(State)
	Injured at home, farm, Industry, public place		
111.	Means of Injury	tnjured at work?	
al Have	interior inject		
	23. SIGNATURE TARY	O Din mo	
Rupnida	A 1	M. D. 01	other
Registrate	Address Ridea Rd Back	6 Date signed	9/20/4

1. PLACE OF DEATH: Balto.

3. (a) FULL NAME

6.(b) Name of husband or wite......

Years

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14. Maiden name. Frederic 15. Birthplace Germany

burial (Burial, cremation, or removal, Which?) Cemetery or crematory Parkwood

deceased (mo., day, yr.)

11. Industry or business 12. Name....... 13. Birthplace

4. Sex

male

7. Birth date of

8. AGE:

How long in above place of death? Hospital, institution, or street address where death occurred:

Raspeburg
(If outside city or town limits, write RURAL and give nearest town)

Whitemarsh Road

GEORGE J. WOLF

Louise Wolf

July 28th, 1879

12. Name Geo. M. Wolf

14. Maiden name. Fredericka Bogt

16, Informant Mr. Thos. W. Wolf,

Address Whitemarsh Rd., Raspeburg. Md.

6.(a) Single, married, widowed, or divorced

It less than one day

Date thereof Sept. 23, 1947.

widowed

How long In hospital or institution?....

white

9. Birthplace Balto. Co., Md.
(Town, county, and state)

Germany

Balto. Nd

7401 Belair Road

1D. Usual occupation Truck Farmer

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Rog.	Diat.	No	

County Baltimore. City or town. Fort Howard City or town. Fort Howard City or town. White. write RURAL and give nearest town) Rew long in above place of sealth? No Days. City or town. Baltimore. City or town. Baltimore.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
City or form. (If outside size of call minute, write KURAL and give nearest town) 8 Devs Rew long in above place of dealth? 8 Devs Rew long in above place of dealth? 8 Devs 8 Devs 8 Devs 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) Street No. 1704 W. Lanvale Street (If outside city or form limits, write RURAL and give nearest town) (If outside city or form limits, write RURAL and give nearest town) Street N	county Baltimore				
New long in above place of death?. Spays (If outside city or town limits, write RURAL and give nearest town) New long in above place of death?. Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside city or town limits, write RURAL and give nearest town) Now long in hospital or institution? Spays (If outside tity or town limits, write rown) Now long in hospital or institution? Spays (If outside tity or town limits, write rown) Now long in hospital or institution? Spays (If outside a local country) Now long in hospital or institution? Spays (If outside a local city or local country) Now long in hospital or institution? Spays (If outside a local city or local city or local country) Not of the Corollan and the spays (If outside tity or local city or loc	City or town Fort Howard				
Respiral institution, or street address where feath occurred: Vots, Adm. Hosp., Fort Howard, Maryland	(If outside city or town limits, write RUKAL and	City or town. Baltimore			
New long in hospital or institution? S Days S. Color or race S	How long in above place of death?				
Row long in hospital or institution? S. Days 2.(a) It relegin, name war 1. 1.	Veta Adm Hosp. Fort Howard.	Streef No. 1704 W. Ballvalle College			
3. (a) FULL NAME ROBERT A WOODS 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male Colored Married 6. (b) Name of howards of wife Bassis Woods 6. (c) Halive, give age 46 years deceased (mo., day, yr.) 8. AGE: Years Months 10. Usual occupation. 11. Industry or business 12. Name. Augustus Woods 13. Birthplace. 14. Maiden name. Rugania, Burgass 15. Birthplace. 16. Informant. 17. Birth daise of deceased from September 22. 18. 47. al 3.335. A. M. 19. DARTION 20. DATE OF DEATH. September 22. 19. 47. al 3.335. A. M. 21. ICERTIFY that desh occurred on fhe date above stated; that I affended deceased from September 12. 19. 47. to. September 24. 19. 48. to. T	Ø Dove	(II rural, give LOCATION)	1/		
ROBERT A MOODS 4. Set					
Section of race Section of race Colored Married		3. (b) Social Security Number			
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where did lolly occur.	(Burial, cremation, or removal, Which?)	nthy (day) (year)			
	Cemetery or crematory. Callulus				
Location MAs Injured at home, farm, industry, public place (where?)	location mds	Injured at home, farm, industry, public place (where?)			
LUCETION					
18. Funeral director. Hels. 19. Relsay Means of Injury Injured at work?		() C × 1.10			
Address 13.03 Presatman Sti	Address 1303 Presstman	to. C. hea hellan			
23. Signal M. F. McWilley M. D. M. D. or other	0/00 10 6/-/2	W. E. McMillan, M. D. M. D. or other			
19. (Date recoll by registrar) Registrar Address V. A. H. FORT HOWARD. MD. Date signed 9-22-47	19. (Date receipt by registrar)	Registrar Address V. A. H. FORT HOWARD MD. Date signed 9-22	-47		

2411 N. Charles St., Baltimore

07832

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, inslitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
How long In hospital or Institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Rosal C, Thr	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 and Mit Thisland	20. DATE DE DEATH STATE OF SEATH STATE OF SEATH STATE OF SEATH SEA
b b	
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of	and that I last saw h alive on Sept. 17 19 19 19
deceased (mo., day, yr.) 32-6-20 8-79	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chronic Inyocardy
(2)	
9. Birthplace (Town, county, and state)	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business Thereberry	
	Diter conditions by perturion
12. Harne E E E 13. Birthplace That I Hall I I I I I I I I I I I I I I I I I I	Other conditions
13. Birthplace The Idal Dry	(Include pregnancy within 8 months of death)
E when my man of the eskart	
14. Malden name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Majnr findings of aperations.
\$ 15. Rirthplace forus nell, hug	Date of op.
18. Information of the state of	Antopsy results
0/ 9/ x 5/ /00 m 1	PHYSICIAN: Please underline the cause in which death should be charged statistically.
Address Marke defet 14	22. VIOLENCE: It death was due to external causes, till in the following:
17 B 0ate thereof 21 1949	
(Burial, cremation, or removal, Which?)	Registrict as services of the
Cemetery or crematory	Where did injury occur?
Location Stane - my	Injured at home, farm, industry, public place (where?)
26 21 6 0 28 14	Means of Injury Injured at work?
18. Funeral director	
Address June Da	23 SIGNATURE C. M. France
Lea 19 11 Colored J.F. Olan	23. SIGNATURE M. D. or other
(Date ree'd by registrar) (Date ree'd by registrar)	Address Tark tou Ind. Date signed 7.19147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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in is

SEP 26 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

B Rog. Dist. No....

1. PLACE OF DEATH: RALTIMORE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
TOYCOX		State Dist. of Columbia County				
City or town		City or town Washington				
	or street address where		d:			
SHEPP	ARD AND ENO	CH PRA	TT HOSPITAL		LOCATION)	
			7 days	11		
3. (a) FULL NAI	ME				3. (b) Social Security Number	
HE	LEN MESSER	YOUNG			577-01-6639	
4. Sex	5. Color or race	6.(a)Singi	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	W1	dow	20 DATE OF DEATH September	5 147 et 4:30 Au	
	John J	Ion Dor	en Young			
				" " 00	47 to Sept. 5. 19.47	
7. Birth date of			(c) If alive, give ageyea	and that I last eaw heralive on Sep.	t.a. 4. 19.47	
deceased (mo., day	.m.) Uctober	30, 18	1 If less than one day	Immediate cause of death Chy. we	yocarditis DURATION	
8. AGE: Yes		Days 5	hrs. mi	+ mys cardial	degunden Unde	
					Charles .	
6. Birthplace	iladelphia (Town.	county, and	stato)	Due to		
10. Usual occupelion	Buyer (Wo	omen 's	clothing)	Due to.		
11. Industry or busin	ese Departme	ent sto	re	Jue 10.		
		sser	00 00 00 00	Other conditions . M. Chance Ole.	10	
12. Name	Hawick,			1 do has 110	d 1)848 lumin / YV	
	Charlotte	e Tavlo	r	(Include pregnancy within 3	months of death)	
t4. Maiden nam	Edinburgh			Major findings of operations		
	TOODIMAT	DECODE	10	Couls	above	
16. Informact HOSPITAL RECORDS				Autopsy results		
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17. During gramatic	on, or persoval. Which?	Date ther	(month) (day) (year)	Accident, suicide, or hamicide		
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	260	Luca	ton SC. O	(0.0) 01 00 01	vhere?)	
Location	() 71	7/2	1	Means of Injury	Injured at work?	
tB. Funeral director.	.//	A LIL	Va- 91 1 0		1. 111. 12.0	
Addrese //	dssoch	netty,	Mil Maple	33 SIGNATURE MANUAL	M. Museul	
10 8000	5 10 L	7.111	LOCKELY AUGUS	23 SIGNATURE Harry M. Murd	ock, M.D. M.D. or other	
(Date pie'd by	registrar)	1/6	MINTE Registre	Towson 4, Mil.	• Date eigned 9/5/47	

RECEIVED OCT 2 1947 BUREAU CE

TOWN TOWN